

AMERICAN
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**PROCEEDINGS OF THE ASSOCIATION OF
MEDICAL SUPERINTENDENTS.**

The Twenty-Eighth annual meeting of the Association was called to order at 10 1-2 A. M., of May 19, 1874, by the Vice-President, Dr. C. A. Walker.

The minutes of the last meeting were read.

The following members were present during the sessions of the Association.

Dr. Judson B. Andrews, Assistant Physician of the State Lunatic Asylum, Utica, N. Y.

Dr. H. M. Bassett, Iowa Hospital for the Insane, Mt. Pleasant, Ia.

Dr. J. E. Bowers, Assistant Physician of Hospital for the Insane, St. Peter, Minn.

Dr. Geo. Syng Bryant, First Kentucky Lunatic Asylum, Lexington, Ky.

Dr. R. G. Cabell, Jr., Assistant Physician, Central Lunatic Asylum, Richmond, Va.

Dr. John H. Callender, Hospital for the Insane, Nashville, Tenn.

Dr. T. B. Camden, West Virginia Hospital for the Insane, Weston, West Virginia.

Dr. H. T. Carriell, State Hospital for the Insane, Jacksonville, Ill.

Dr. Wm. M. Compton, State Lunatic Asylum, Jackson, Miss.

Dr. John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Dr. B. D. Eastman, Worcester Lunatic Hospital, Worcester, Mass.

Dr. Orpheus Everts, Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. Edward C. Fisher, Assistant Physician, Western Lunatic Asylum, Staunton, Va.

Dr. C. C. Forbes, Central Kentucky Lunatic Asylum, Anchorage, Ky.

Dr. J. J. Fuller, Assistant Physician, Insane Asylum, Raleigh, N. C.

Dr. Thomas F. Green, Georgia State Lunatic Asylum, Milledgeville, Ga.

Dr. C. H. Hughes, St. Louis, Mo.

Dr. George F. Jelly, McLean Asylum, Somerville, Mass.

Dr. Wm. P. Jones, Nashville, Tenn.

Dr. E. A. Kilbourne, Hospital for the Insane, Elgin, Ill.

Dr. Stephen Lett, Assistant Physician, Asylum for the Insane, London, Ontario, Canada.

Dr. Wm. L. Peck, Cincinnati Sanitarium, College Hill, Hamilton Co., Ohio.

Dr. Mark Ranney, Hospital for the Insane, Madison, Wis.

Dr. A. Reynolds, Iowa Hospital for the Insane, Independence, Iowa.

Dr. James Rodman, Second Kentucky Lunatic Asylum, Hopkinsville, Ky.

Dr. Abram Marvin Shew, General Hospital for the Insane, Middletown, Conn.

Dr. Lewis Slusser, Northern Ohio Hospital for the Insane, Newburgh, Ohio.

Dr. T. R. H. Smith, State Lunatic Asylum, No. 1. Fulton, Mo.

Dr. Charles F. Stewart, Nebraska Hospital for the Insane, Lincoln, Neb.

Dr. Charles W. Stevens, St. Louis, Mo.

Dr. Clement A. Walker, Boston Lunatic Hospital, Boston, Mass.

Dr. D. R. Wallace, Texas Lunatic Asylum, Austin, Texas.

Dr. J. T. Webb, Longview Asylum, Carthage, Ohio.

Dr. James W. Wilkie, State Lunatic Asylum for Insane Criminals, Auburn, N. Y.

Dr. J. H. Worthington, Friend's Asylum for the Insane, Philadelphia, Penn.

Dr. WALKER said: Gentlemen of the Association, unfortunately for you, and to none a matter of regret more than myself, it falls to me to call the Association to business for this session. Our beloved President, Dr. Nichols, a week ago had made all his

arrangements to be present, and to preside over your deliberations, but some unforeseen circumstances have interfered to prevent.

I am glad to see so large an assembly at such an unwonted distance from what we have considered the center of our territory. I know there are many here who must have made a strong effort to be present at this meeting of the Association. We shall miss, at this meeting, faces that we have been accustomed to see at almost every session since the formation of the Association. Dr. Kirkbride, Dr. Ray, Dr. Butler and others, the Nestors of our specialty are absent, and we shall miss not only their genial presence, but their counsels and their aid. But I trust with the arrangements that have been made by Drs. Callender and Jones, for our comfort and convenience here, we shall have not only an acceptable but a pleasant and profitable meeting. It seems to me under all the circumstances of the case, it is something more than good luck and chance that have enabled so large an assembly to be present in this room this morning; that a direct providence is seen in it, and I doubt not that we all acknowledge it in our hearts. With your permission, gentlemen, I propose that we ask the blessing of Almighty God upon our meeting at this time.

Prayer was then offered by Dr. Wm. P. Jones. On motion of Dr. Curwen, it was resolved that Dr. Wallis, of the Lunatic Asylum of the county of Durham, England, Dr. Boyd of the new Hospital for the Insane of East Tennessee, Dr. Brannock, of the new Hospital for the Insane of West Tennessee, and the medical profession of the city of Nashville, be invited to take seats with the Association.

DR. CALLENDER. Before the Association proceeds to business, allow me to introduce to this body the President of the Board of Trustees of the Tennessee Hospital for the Insane, who will extend to you a welcome to our city.

THE PRESIDENT. Doctor, we are happy to welcome you.

DR. ATCHISON. Mr. President and Gentlemen: In the name and in behalf of my colleagues and fellow-citizens, I bid you welcome to Tennessee and her beautiful capital. In the selection of our State and city for the meeting of an Association of life-workers in the cause of science and humanity, we feel that we have been honored; but, before we part, I trust that Tennessee will have proven

herself not wholly unworthy of this high compliment, for we can point you with some degree of pardonable pride to one Institution which will compare favorably with the best, and to munificent provisions for the erection of two others, one already located on a site of unrivaled beauty in the eastern, and the other soon to be located in the western division of the State.

To your labors and organization the world owes a debt of gratitude above all computation; because of all labors in the field of reform, yours have been exercised with grandest triumphs. You have transferred dungeons into airy castles, gloomy prisons yards into smiling lawns, the horrid clanking of chains into the soft and soothing strains of music, the wild, despairing cry of the maniac into song and shout and laughter. You have thus realized the dream of the poet, you have found that "sweet oblivious antidote to raze out the written troubles of the brain," charity.

Then, gentlemen, all honor to the Association of Medical Superintendents of American Institutions for the Insane. We welcome you to our hearts, to our homes and to our altars. (Applause.)

On motion of Dr. Curwen, the President, was requested to appoint the usual standing committees.

The President announced as the Committee on Business, Drs. Callender, Jones and Curwen.

A recess of twenty minutes was then taken to enable the Committee on Business to arrange the business of the Association.

On re-assembling, the Committee reported through the Secretary, that they would recommend that the session of this morning and afternoon be devoted to the reading and discussion of papers; that the Association spend this evening from 8 P. M. to 12 P. M. socially, at the residence of Dr. T. A. Atchison, President of the Board of Trustees of the Hospital.

On Wednesday, May 20th, that the morning session be devoted to the reading and discussion of papers. At 3 P. M. the Governor will receive the Association at the Executive rooms, and the members will be shown

through the Capitol, and at 5 p. m. the members will be received by Mrs. J. K. Polk at her residence. Business meeting at 8 p. m.

On Thursday, May 21, morning session to be devoted to business. From 12 o'clock the Association will visit the Hospital for the Insane. The Committee will report more fully at a future meeting.

The report was accepted.

The Secretary read letters from Drs. R. S. and W. F. Steuart, Draper, Stribling and Stearns, and made statements relative to the absence of Drs. Kirkbride, Reed, Schultz, Battolph, D. T. Brown, Earle and Barstow.

The President also stated the reasons for the absence of Drs. Ray, Tyler, Butler, Choate, Sawyer and Bancroft. The Secretary reported that he had, in accordance with the resolution of the Association, opened a correspondence with Prof. Henry of the Smithsonian Institute, in regard to the interchange of reports with foreign hospitals, but found that each member could send his own reports directly, to better advantage, and to aid members in that, he had prepared a list of the public Institutions in Great Britain, and forwarded it to each member. The private Institutions, conducted by some of the most eminent members of the specialty, were not given, for the reason that all could not be furnished, and it was not desirable to draw any invidious distinctions. The Secretary could give the names and address of any who might be desired. No list could be obtained of the Institutions on the continent.

The Secretary also stated that he had received a communication relative to the appointment of a delegate to, and the reception of a delegate from, the American Social Science Association, and had replied that for this year the time of meeting of the Association was such that no interchange of delegates could be made.

The Secretary then read a biographical sketch of Dr. Wm. H. Rockwell, prepared by Dr. Jas. Draper.

Dr. Wm. H. Rockwell, late Superintendent of the Vermont Asylum for the Insane, died at that Institution on the 30th day of November, ult., after a protracted illness of eighteen months. He was at the time of his resignation in August, 1872, the oldest Superintendent of an Asylum in the United States, having received his appointment on the 28th of June, 1836, and been in active service for more than thirty-six years.

He was a native of East Windsor, Ct., and born February 15th, 1800. He graduated at Yale College in 1824, and at the Medical Department of the same Institution in 1831. In 1827, and while a student of Dr. Hubbard, of Pomfret, Ct., he received the appointment of assistant to Dr. Todd, at the Hartford Retreat. He remained connected with the Retreat most of the time until his appointment to the Vermont Asylum.

During the illness of Dr. Todd, and after his death, he had charge of the Retreat until the appointment of Dr. Fuller, and wrote the report for the year 1834.

He was married June 25, 1835, to Mrs. Maria I. Chapin, at Coventry, Connecticut. They had three children, a daughter and two sons. The youngest, Captain Charles I. Rockwell, graduated at West Point in 1863, and died in Washington, D. C., of typhomalarial fever in 1867. The elder, Dr. W. H. Rockwell, Jr., was associated with his father, in the Asylum, as his assistant for ten years, and was elected his successor in 1872, but resigned that position at the end of the year.

Dr. Rockwell was an early member of the Association. He was prevented from attending the organization, by reason of a bill, at that time, pending legislative action in his own state, which exacted his attention in behalf of the interests of the insane who might be committed to his care.

In examining the proceedings of the Association, we find he attended the second meeting, held at Washington, the third, at New York, the fourth, at Utica, the fifth and tenth at Boston, the twelfth at New York, the thirteenth at Quebec, the fifteenth at Philadelphia, the sixteenth at Providence, and the twenty-fourth at Hartford, in 1870, in all ten of the meetings.

At the second meeting he was appointed to report upon "the comparative value of the different kinds of manual labor for patients, and the best means of employment in winter."

At the following meeting he presented a report upon the subject assigned him at the previous meeting, but it was not published in the proceedings, which were but briefly recorded that year; hence its exact purport is probably lost, as all the Doctor's papers of this kind were destroyed in 1862 by the fire, which consumed the center and west wing of the Asylum of which he had charge.

At the meeting in Boston, in 1850, he read a paper "on the diet and dietetic regulations for the insane," which, like the one just referred to failed to be preserved. It was at this meeting also that he made his, perhaps still remembered remarks upon the organization of hospitals, strongly disapproving of the appointment of Stewards, having in remembrance a chapter of his Hartford experience, which has perhaps been very nearly repeated, in the experience of a younger and more recent member of the Association. He was likewise opposed to the appointment of consulting physicians, but thought there should be such harmony between the superintendents and neighboring physicians, that their aid might be rendered whenever required.

At the meeting in 1855 he served on the committee of nominations, at that of 1857, in the discussion of the "medical treatment of insanity," he disclaimed the use of Tartarized Antimony and venesection, (both of which were in use when he entered the specialty,) and had no belief in the remedial influence of either. He had given Tartarized Antimony in cases where he had expected to derive much benefit from small doses, and found that it lessened arterial excitement, but did not diminish the nervous irritability. He thought Conium had a great effect upon the mucous membranes and liver. In cases where he had given it for a length of time he had witnessed a marked influence upon the glandular secretions.

In reference to the "proper care of the violent insane," he expressed a decided preference for seclusion, rather than the constant watching of an attendant whose patience might eventually wear out.

In 1858, he read a paper at the meeting in Quebec, "on the general characters of epilepsy in insanity," which was reported mainly in the proceedings. At the meeting in 1860, in the discussion of the paper of Doctor Jarvis, "on the proper functions of private institutions or homes for the insane," he expressed his conviction that public institutions had the advantage of affording classifications, by which patients might be of mutual benefit to each other, by engaging in common amusements or occupations, with which their minds might be kept active and allowed less opportunity for day dreaming.

At the sixteenth meeting at Providence, in the absence of the President, Doctor McFarland, he was chosen President *pro tem*.

Regarding the question of "mechanical employment for the insane," he expressed himself on the general subject of labor to the effect, "that useful employment was one of the most important of remedial agents, but that great prudence, care and discrimination, were required in carrying it out successfully; some lacked physical health, others were too much excited to admit of being employed, and others would work to their injury; but if conducted with the same prudence and care with which medicine was administered, he considered it one of the most important of curative agencies."

The last meeting he attended, was in 1870, at Hartford, the theater of his professional beginnings and initiation into the specialty, and while attending this meeting he paid his last visit to his birth-place, and the scenes of his boyhood, a few miles distant from Hartford.

We have followed thus closely his attendance upon the meetings of the Association, for the sole reason that at these meetings, his views on the practical questions of the specialty, were publicly expressed.

He wrote but little, his annual reports were noted for brevity, and confined mainly to the results of each year. His was a practical life, he indulged little in theorizing, but was wont to detail his actual observations, and to those associated with him he gave freely of his professional and practical experiences.

Few men possessed such qualifications for surmounting difficulties as he, and the history of the Institution at Brattleboro, gives tangible evidence of his indefatigable energy. He was pre-eminently self-reliant, and though he differed from some of his colleagues in the matter of policy in practical management, he was scrupulously faithful to his convictions, and to his trusts.

These points will be fully shown in the forthcoming report of the Institution, and need not be enlarged upon here.

For the year and a half preceding his death he was confined to his bed, suffering much from his fractured limb, gradually wearing away, and sinking to his final rest; and then it was that the strong points of his character shone out with the most striking brilliancy. Realizing that his work was done, and that he had done it faithfully, he expressed his willingness to be judged by it: undisturbed by the shafts of malice and indiscriminate censure, he calmly observed, "that his work would be better appreciated, and his motives be better understood after he had gone."

And so he passed away; dying as he had lived, strong in the faith of his life-long convictions, and relying with unshaken confidence upon the Divine justice which metes out to every man the full measure of his deserts.

On motion of Dr. Green, it was resolved that a committee be appointed to prepare a resolution expressive of the sense of the Association of the valued services and great loss of Dr. Rockwell.

The President appointed Dr. Green on said committee.

THE PRESIDENT. It has been customary to call upon individual members for reports as to progress in the care of insane, erection of new buildings and the selection of new and better sites for such purposes. In the absence of any other business, it seems to me proper that that should be taken up, and members called upon to report as to their several sections.

DR. HUGHES. Would it also be in order to report progress backward? I would of course like to hear of progress forward everywhere, but what I shall have to say will be in regard to retrogression or backward progress.

THE PRESIDENT. I doubt whether progress backward would be in order in this Association.

DR. EASTMAN. There has been in Massachusetts during the past year, some progress in the work of caring for the insane. The Legislature provided at its last session for the erection of a fourth State Hospital, and a commission was appointed to select a site and prepare plans. The site agreed upon is in the town of Danvers, a few miles from Salem. The plan has been approved, and the work of building will soon be commenced.

At the third or Northampton Hospital, the system of general improvements initiated by the present Superintendent, Dr. Earle, has been diligently prosecuted, and the Institution is now in most excellent condition.

The Legislature during the last year made appropriations for additional wings and general improvements at the second or Taunton Hospital, which, when completed, will increase its convenient capacity to four hundred, and greatly improve its facilities for classification. By the close of the present building season, these improvements will have been nearly completed.

At the last meeting of the Association, it was reported that work was about commencing on the site of the new buildings for the Worcester Hospital. The grading was nearly finished, and a portion of the foundation laid last season, and we are now beginning the erection of the superstructure. The old buildings and site are to be abandoned when the new are completed.

During the winter the usual annual discussion relative to suitable provision for the convict insane has been had, but no definite action has been taken thereupon as yet. It is hoped that with the erection of the State's Prison there will be connected with it a department for insane convicts. Whether the so-called criminal insane and those, who arraigned for crime, require observation to test their sanity, will be sent to this department, is not yet decided. In relation to the subject of legislation we have had a little experience with Mrs. Packard. She is still with us, button-holing legislators, and pressing her bill. After her appearance before the legislative committee on public charitable institutions, it was evident they were satisfied, that her statements were entitled to receive little attention, and also with the unsoundness of the views of those who appeared in her behalf. It is true, however, that this committee, probably from motives of policy, reported to the legislature that it would be expedient to increase to a limited extent, the authority of the Board of State Charities, and directed superintendents to allow patients to write, free from any supervision, to this Board.

Dr. SHEW. During the past year, Connecticut has completed the Hospital at Middletown, and the work which she began eight years ago. The Institution is now in condition to accommodate four hundred and fifty patients. We had last week when I left home, four hundred and ten. Perhaps Connecticut is as well prepared to provide for the insane to-day, as any State in the Union. With the Retreat at Hartford, having ample, commodious and well-furnished apartments for private patients, those who desire and are willing to pay large prices for good accommodations, and the State Institution at Middletown, with accommodations for four hundred and fifty patients, we provide for nearly all the insane in Connecticut.

Circulars were issued the first of January to all judicial officials, town physicians and judges of probate, stating that patients could be received without previous notice; and from the returns made at that time, and other sources of information, we know that the insane have been provided for. There are, perhaps,

not fifty insane persons in the alms-houses of Connecticut to-day. This is decided progress, as you are aware, from the position that Connecticut was in eight years ago. I believe at some of the former meetings, not further back than 1864 or 1865, when the question of providing for the insane, practically the chronic insane in alms-houses, was under consideration, it was stated that Connecticut would not provide hospitals for that class. I have found in carrying on the work there, that the people are not only willing, but anxious to do their duty, and their whole duty in this respect. In 1870-71, the Legislature authorized the Governor of Connecticut to send patients out of his State, wherever they could be provided for elsewhere, until the State Institution could be completed, and as the result of that legislation, Vermont, New Hampshire, Massachusetts and Rhode Island, contributed hospital accommodations for our insane. I think something like one hundred and thirty patients were treated in those Institutions from Connecticut. I only mention this to show that they were thoroughly aroused to the necessity of hospital treatment, and that they were willing to do all in their power to prevent any increase in the number of the chronic insane. It would be easy, at the present time, to secure large appropriations for another institution. Already some of our prominent men have discussed the question of beginning at an early day in order that it may be completed before the actual pressure comes upon us.

Dr. WILKIE. (New York.) I can only report in regard to our own Institution. When I left home, we had ninety-two criminal patients, seven women, and eighty-five men. Our capacity in the male wards, is but forty-eight, but we hope soon to be able to open our new building, probably in the course of two months, which will give us room for eighty additional patients. At present, we desire, as far as possible, to keep down our numbers and transfer patients to counties from which they came, upon expiration of sentence, when we can certify that they are harmless.

The PRESIDENT. Will the Doctor be kind enough to state precisely what class of patients are taken into his Institution?

Dr. WILKIE. We receive the insane convicts from the three State Prisons, and the Penitentiaries of the State; also persons charged with murder or arson, or attempts at murder and highway robbery and unconvicted. We also receive into the Institution, persons of insufficient mental capacity to control themselves, charged with the aforesaid crimes. Consequently we have with us, one blind boy and one mute, who are not insane.

Dr. CURWEN. I can report in part for the State of New Jersey. They are pushing forward the extensive improvements at Morristown as rapidly as possible, and hope to have the Institution there in condition to receive patients before long.

In relation to Pennsylvania, you will recollect, that, at the last meeting of the Association, I stated that a bill had passed the Legislature, making provision for a hospital for the ten northwestern counties of the State. Shortly after the adjournment of the Association, the commission authorized, was appointed by the Governor, and during the month of September, it visited the different counties in the section of the State named in the bill, and after seeing all the places which met the requirements of the act of Assembly, selected a site near the town of Warren. The location is, in all respects, an excellent one. The town of Warren has about 4,000 inhabitants, and is one of the oldest, as well as handsomest, towns in that part of the commonwealth, having been laid out as early as 1795. The town is on the line of the Philadelphia and Erie Railroad, and the farm is two miles north from it. The Act of Assembly required the selection of a farm of not less than two hundred and fifty acres of good, arable land. The commission secured three hundred and thirty-four acres, of which about three hundred acres are as good land as need be required. The farm fronts on the Conewango river, a stream abundantly large for every purpose of the Hospital, being the outlet not only of Chautauqua lake, but of two or three other bodies of water. The farm house on the premises was built originally by a Scotch gentleman, who improved the land by landscape gardening, after designs of a similar character in his native country. While engaged in these improvements, he laid out a broad avenue from the public entrance, with a row of alternately evergreen and deciduous trees on either side, which now have a growth of thirty years, and form a complete arch of nearly eight hundred feet in length. The ground, if it had been leveled for the purpose, could hardly have been more desirable. For a distance of two thousand feet on the north and south line, there is a variation of a few inches over three feet between the extremes, and the same may be said of the east and west line. Although the view is not very extensive, it is one of those quiet views which pleases every one who sees it.

The commission expect to commence work immediately, and push it forward rapidly. The members of the Association will receive invitations to attend the laying of the corner stone in the coming fall.

At Danville, the foundations for the two additional wings for the male department have been laid. They are now pushing forward the superstructure, hoping to have it entirely under roof before cold weather.

The improvements in Philadelphia on the Pennsylvania Hospital for the Insane, under Dr. Kirkbride, are of a marked character. The new addition to the north wing of the female department, the Fisher ward, is a model of great beauty and convenience. Gentlemen who will visit and examine it, will be able to carry away some ideas which will benefit their own Institutions.

The members of the Association all know of the discussion which has been going on in Pennsylvania in relation to the care of insane convicts. At the last session of the Legislature, a bill was passed through both branches directing that whenever any one in the penitentiaries or jails was thought to be insane, the warden, physician or inspector of the penitentiary, or the general agent of the Board of Public Charities should make application to the court to have said person examined as to his insanity. The court will then appoint a commission of three, one of whom must be a physician, to inquire into the facts, and if they report that such person is insane, and a proper person for treatment, the court is authorized to send him to the nearest State Hospital.

Another bill was also passed through the Legislature creating a commission to inquire into the condition of insane criminals in the penitentiaries in Pennsylvania, and if they report in favor of a separate Institution for that class, to select a location and report the plan and expense of a building.

Dr. STEVENS. A few words in regard to the progress in Missouri, and a few words probably in regard to defection. We are making some progress, and the State is building an Asylum at St. Joseph. Our Asylums are now overcrowded, and the only relief is in poor houses and other similar Institutions. The new Asylum will probably be completed the coming season, but the completion will be influenced by the amount of money appropriated. I might here state how Buchanan county appropriated \$15,000 for the purpose, and how it was buried deep in the pockets of a lawyer never to be resurrected, but I will not. I will say, however, that we are making progress in the way of building, and shall soon have accommodations for the great majority of the insane. This building will be up to the times in regard to its arrangements. In regard to the State Asylum, Dr. Smith will give you some of the details. Under his supervision, the Institution is now fully up to the ex-

pectations of the public, and I think his course meets their general approval. In regard to that Institution, for years past, I have to say from my knowledge of its management, that it has not deserved the opprobrium which has been cast upon it. I was a member of the Board of Managers of the Institution for several years, and know all about it. Many have an idea that there has been a great deal of bad management and abuse of patients. I wish to correct any misapprehension that may exist as to abuse of patients. That there has been bad management, I know, and here there is progress backwards. Our Board of Managers has contained men who were solely politicians. Political intriguing, and political maneuvering has been the curse and bane of many of the western Institutions, and perhaps of some of the eastern. That has been the case in Missouri, not only in regard to the interests of the State Asylum, but of the one at St. Louis. The least probably said now about the latter, the better, as I intend to offer resolutions in relation to its present condition before the close of the session. I would like to hear from Dr. Hughes and Dr. Smith.

Dr. RANNEY. I would like to ask Dr. Stevens upon what plan the Institution at St. Joseph has been constructed? It has been told me that the plan was made by the same architect that prepared the plan for the Institution in southern Illinois, which it seems to me, contains more objectionable features than any Institution with which I am acquainted.

Dr. STEVENS. I am not able to give the details of the plans upon which it has been constructed. I know the ability of the architect, Mr. Walsh, in regard to dwellings, hotels, &c., and supposed, from his excellent reputation, that he was well and thoroughly informed. I am not aware of defects. I am sorry if it is so, for I have a high opinion of the ability of the architect.

Dr. SMITH. I understand that he is the same architect as the man who had the erection of the Institution in Southern Illinois.

Dr. HUGHES. Has not the Institution very long halls?

Dr. SMITH. I was informed by the Superintendent of the Northern Institution that the halls are 250 feet long, and were constructed originally without even a bay window, with no light except that through the dormitories.

Dr. KILBOURNE. I understand that the same architect who built the one in Southern Illinois is building the Institution in Missouri.

Dr. CARRIEL. I visited this Institution at Anna, and was told by Ex-Governor Dougherty, who was on the building commission

at the time the plan was adopted, that it was modeled after the institution at Danville, Penn. I will further say that the Institution consists of two wards on the same floor, each side of the center; that is, there is a wing going off from the center building which I believe is 265 feet long. Then there is a transverse wing running at right angles with this wing. I do not know how long it is. The building is four stories high and has a French roof.

The PRESIDENT. Four stories including the French roof?

Dr. CARRIEL. Including the French roof. The foundation of the center building is laid, and the rear center buildings, including boiler house, wash house, ironing and store rooms, kitchen, sleeping apartments for domestics, carpenter shop, &c., are completed. I should think these buildings are very well constructed and arranged very well for convenience.

As to the Institution at Jacksonville they are not doing anything in the way of enlarging it. We are making some repairs and improvements, and have about 475 patients.

The Institution at Anna has been open for patients since about the first of January. I think they have a capacity for about 200 patients. The building on one side of the center is completed.

Dr. HUGHES. What is the capacity of each hall?

Dr. CARRIEL. I do not remember. As gentlemen seem to have an impression that this hall is very long, I would say that it is divided by a glass partition, and a wire screen on each side of this partition, so that they really make two wards of it.

In the State of Illinois, I suppose there are 3000 insane persons to-day; and when the Institutions at Elgin and Anna are completed there will be accommodations for not over one half of the insane of the State.

The subject was agitated somewhat in the Legislature last winter, and I think in another winter there will come up for consideration the establishment of another institution. Dr. Kilbourne can speak further of the Institution at Elgin, and whether it is nearly completed.

Dr. KILBOURNE. I have but a word to offer. Our Institution at Elgin is nearing completion. We entered the institution and occupied the north wing two years ago, and have since entertained but 190 patients. A year ago last winter we were enabled to get an appropriation of \$319,000 from the State for the completion of the building, and ground was broken a year ago the first day of July. Last week we moved into the center building which has all been accepted by our Board. The wing will undoubtedly be com-

pleted by September next, but owing to some reluctance on the part of our Legislature, they did not give an appropriation last winter, which will prevent us filling it with patients and occupying it, so that we shall block the wing off from that time until we can secure the funds.

I wish to speak upon one point which I think of considerable importance in connection with the selection of sites for Insane Asylums, inasmuch as by sad experience of our own, (or it would have been such, if we had not been located near a river,) we have learned the importance of locating an Institution of that kind near a living stream of water. We have a spring that the citizens of Elgin paid \$3,000 for, and it furnishes 80,000 gallons of water, and was thought to be of ample capacity to give a sufficient supply, but in the winter or spring of 1870 it began to show signs of falling off. At the time of opening the Institution it had fallen away until it was hardly capable of giving enough water to run its boilers. It was located in gravelly soil, and took another channel. Fortunately, however, we were upon the bank of a very beautiful river, only some seven hundred yards distant, and we agreed to construct a reservoir. We now have a very liberal supply of water, and our place is well provided for in that respect, seemingly, for all time. Were it not for that stream upon which we had not relied before, we would have been left destitute of that very important supply.

In relation to the Institution at Elgin I think we have excellent provision for the classification of patients. We have twelve wards upon each side of the center. In some other features, it might be amended to give better satisfaction, but in the main it affords very good room towards full classification.

I have not visited the Institution at Anna, and so can not speak as competently in relation to it as Dr. Carriel can; but as originally put up, and until the Board of State Charities had been there, there was a wing of 265 feet without a break in it; and no light admitted into that hall, except that which came in over each dormitory door. The patients could not find a place to look out, and hardly one to get fresh air. The Board of Charities suggested that they had better knock out a room and make a hole in the wall to let in the light and air, which they did.

A DOCTOR. Was their suggestion limited to only a single room?

DR. KILBOURNE. I do not know, but I think there were two rooms, I think the same architect is at the head of the Institution in Missouri, and I would suggest to the doctors from that state, that they had better look well after the work.

Dr. CARRIEL. There is a room on each side of the corridor. The reason it looks so dark is, they went to work and put on close shutters, just a board shutter without any opening in it, I think that is the plan that Dr. Stevens had in his Institution at St. Louis.

Dr. STEVENS. The same.

Dr. CARRIEL. That is one reason why the corridor is so dark.

Dr. RANNEY. It is not in accordance with my feelings to criticise any particular institution, or the institutions of any particular state, but where we see so important an institution, as a hospital for the insane, costing a half million of dollars, more or less, built without much regard to the views of men of experience, if not in many particulars quite in disregard of their views, and of the principles of construction enunciated by this Association, it seems to me to be our duty to speak plainly about it. Every new hospital ought to show in its plans some improvement over existing structures, but unfortunately, too often this has not been the case.

A hospital two stories high is probably high enough, while some portions should be of only one story, and three stories is the extreme proper limit for any portion occupied by patients; but a four story building is extremely objectionable.

There are other objectionable features than those spoken of, in the plan of the hospital at Anna. The corridors are of great length, monotonous and cheerless, and the attempt to get an outlook by leaving out the wall between the corridor and a single sleeping room, is but a poor substitute for the fine sitting room, with a bay window, of some hospitals; the dining rooms are remote from the most easily accessible place for the distribution of food; the doors of entrance to sleeping rooms are so narrow as at once to attract special attention, and the windows are guarded in the style peculiar to a class of institutions devoted to very different purposes. It is so much less pleasant to criticise than to praise that I forbear to say more.

Dr. SMITH. I am gratified to state we have been making some progress in Missouri since our last meeting. The new Hospital for the Insane, located near St. Joseph, is approaching completion. The last Legislature appropriated eighty thousand dollars for finishing and furnishing the building, and it is now thought the Institution will be in readiness for patients, about the first of October next. I have not seen the building, nor examined the plan adopted by the Board, and hence can not speak definitely as to its merits. The same gentleman, Mr. Walsh, who furnished the plan and

pleted by September next, but owing to some reluctance on the part of our Legislature, they did not give an appropriation last winter, which will prevent us filling it with patients and occupying it, so that we shall block the wing off from that time until we can secure the funds.

I wish to speak upon one point which I think of considerable importance in connection with the selection of sites for Insane Asylums, inasmuch as by sad experience of our own, (or it would have been such, if we had not been located near a river,) we have learned the importance of locating an Institution of that kind near a living stream of water. We have a spring that the citizens of Elgin paid \$3,000 for, and it furnishes 80,000 gallons of water, and was thought to be of ample capacity to give a sufficient supply, but in the winter or spring of 1870 it began to show signs of falling off. At the time of opening the Institution it had fallen away until it was hardly capable of giving enough water to run its boilers. It was located in gravelly soil, and took another channel. Fortunately, however, we were upon the bank of a very beautiful river, only some seven hundred yards distant, and we agreed to construct a reservoir. We now have a very liberal supply of water, and our place is well provided for in that respect, seemingly, for all time. Were it not for that stream upon which we had not relied before, we would have been left destitute of that very important supply.

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supervised the construction of the Southern Illinois Hospital at Anna, also furnished the plan for the Asylum at St. Joseph, and if enviable success crowned his efforts there, we may confidently expect like good results at St. Joseph.

From the statements, however, of the members of this Association from Illinois, who have examined the building at Anna, we can not otherwise than infer serious defects there, and can only trust that they have been avoided in the St. Joseph Institution.

X The great error, Mr. Chairman, committed in most of our western Asylums has been the failure to appoint in connection with each, a competent superintendent to determine, with a first-class architect, the best plan, and then watch its progress from the foundation to the completion of the building. What I mean by the best plan is one not only fully up with the progress of the day, but if practicable a little in advance of the best preceding it. This course would harmonize with the suggestions of this Association many years ago, and certainly is the only one to insure regular progress in our Institutions. When we remember the variety and magnitude of the interests involved in the proper construction of hospitals for the insane, how absurd to intrust all to the ordinary architects of our country, it matters not how high their standing, or how accomplished they may be.

X As far as the State Lunatic Asylum, at Fulton, is concerned, it gives me pleasure to add that we have made, in some particulars important progress during the past year. The Legislature in 1873, made a liberal appropriation for improving our sewerage and ventilation, increasing our heating apparatus, enlarging reservoirs, erecting new buildings for outside employés, coal and straw houses, and refurnishing the Institution; all these improvements have been completed, and I can, with confidence say, the State Lunatic Asylum in many particulars is in a much better condition than at any previous period. Like most State Asylums for the insane, ours for some time past has been overcrowded; our present population is nearly, if not quite two millions, and estimating one to every thousand we have two thousand insane in Missouri. After the completion of the Hospital at St. Joseph, provision will have been made for not exceeding eleven or twelve hundred insane.

I doubt not, however, judging from the past, that Missouri will soon occupy the high and enviable position of having made provision commensurate with the urgent wants and necessities of all her unfortunates.

On motion, the Association adjourned to 3 P. M.

The Association was called to order at 3 P. M., by the Vice-President.

The Chair announced the following committees: To audit treasurer's accounts, Drs. Ranney, Everts and Green. On resolutions, &c., Drs. Shew, Jelly and Hughes. On time and place of next meeting, Drs. Kilbourne, Wilkie and Rodman.

The Association resumed the subject under discussion at the adjournment this morning.

Dr. HUGHES. Mr. President, I presume it is proper that I should say something under this head, in order not to be misunderstood in the remark which I made this morning. Missouri has not been altogether non-progressive, she has made some progress, but in my opinion, not so much as she should. I think the Association will come to the same conclusion before I get through, that she has not made that progress which humanitarianism demands, in regard to the management and treatment of our insane.

During the time that I had the honor to preside over the destinies of the Missouri State Lunatic Asylum, some considerable progress was made. If I told you that there was a time, in the history of that Institution, when all its bath rooms were not abundantly supplied with heat, and when its dining rooms were not supplied with heat, you would be somewhat surprised. During the recent administration, the Legislature, as Dr. Smith has informed you, has made some handsome appropriations for that Institution, making it as complete as an old building of twenty years standing could well be, a building which at the time it was erected was not much in advance of the times.

The remark of Dr. Kilbourne, in regard to the necessity for an abundant supply of water, is one applicable to that Institution, although I can not say in regard to the new Institution at St. Joseph. We had once upon our board a rather irreverent member who was accustomed to say that, "in the selection of a place for lunatic asylums, the river Jordan should run through the premises." I believe a fatal error is always committed unless the Institution is fixed beside a stream of living water. That trouble exists in regard to the Fulton Asylum; it has been overcome in part, by the construction of reservoirs, but it seems their supply is rather precarious.

If it be not occupying too much of the time of this Association, I would like to enter my objection to the system of appointing Boards of Managers all at once, so that their terms of office begin and expire all at the same time, thus creating the liability of having an entirely new and inexperienced Board appointed to run an institution, which requires so much experience, as you all know an insane hospital does. This is one of the defects in Missouri. The Board of Managers is appointed by the Governor, the appointment to be confirmed by the Senate. The confirmations are all made at one time.

As has been remarked, the Board of State Charities has been abolished. Whether that has been a progressive or retrogressive course I am not prepared to say. I have been accustomed to consider an enlightened Board of State Charities an advantage to a State. Missouri has not yet made any provision for her idiotic, her feeble-minded or her imbecile classes, and she has made no provision for separating the epileptics from the other insane, and she has no Inebriate Asylum. Thus you see Missouri has not progressed as a State of her age should have progressed, having began twenty years ago to provide for the care of the insane.

Now, in regard to our County Asylum, an Institution without a head, an Asylum presided over by a resident assistant physician who remains within the building, and a visiting physician who is required to visit the Institution twice a week; having charge of an Institution three miles from the city and also a private practice. Of course you will not recognize this as very enlightened progress. We do not hail from where the sun rises, and it is reasonable to believe that those from the east should have more light. With 320 insane and the number increasing, the proposition, before the Board of Managers of that Institution, is to convert the basement into a receptacle for the insane. This is progression downward, Mr. President, and it is perhaps on that account that Dr. Stevens and myself can induce you to visit St. Louis, and thus secure your influence for the insane in our midst.

Dr. SLUSSER. I expected Dr. Webb, the senior delegate, to respond to the call from my State, as he is not present I will give a report, relying upon memory for statistics. There are in Ohio six lunatic asylums, four under State authority and two controlled by the counties in which they are located. I include in the four the Central, now being rebuilt, in a new and improved location, and upon an enlarged plan. It will have when completed, accommodations for over one thousand patients. Since the last meeting of

the Association, the Southern Ohio Asylum, at Athens, has been opened and must now have enrolled four hundred patients. This building has accommodations for six hundred. The South-Western, at Dayton, has an average of 600; and the Northern, at Newburgh, with which I am connected, 250. The new rear wings now being furnished, will afford room for 150 more. The entire building will be completed in a year, when we shall have accommodations for 600.

In addition to this enumeration there must be in Longview and the North-Western Asylum, controlled by the counties in which they are located, 700 patients, making in the aggregate near 2000 now provided for. When the Central is completed, we shall have accommodations for 3000 insane people, sufficient for our present and prospective wants for some years. Our Legislature last winter enacted a new law for the government of our State Institutions. In some respects it is an improvement upon the old law. It reduces the number of the Board of Trustees from six to three. A Board may be so cumbersome as to be inefficient. Three is sufficient for all practical purposes. The new law leaves it optional with the Board and Superintendent to receive a patient who has been insane over two years, or retain one in the Hospital longer than that period. The idea is that they shall be provided for in our county infirmaries, an error which I think will in time be corrected.

I can not permit the charge upon the Legislature of my State, made by the gentleman from Missouri, to pass uncorrected. It is very true that with the change of politics in my State, there has been a change in the government of some of its institutions, but so far as the Hospitals for the Insane are concerned, there has as yet been no change. The new appointments made at Dayton and Newburgh were made by the old Board, and to supply vacancies occasioned by resignation. The change made in the Central was the result of dissatisfaction of both parties, occasioned by the delay in the rebuilding, and had no reference whatever to the acknowledged ability of Dr. Peck as a Medical Superintendent.

Dr. HUGHES. I had reference to the appointments made upon political grounds exclusively. There are often good medical experts in every State who might be retained in office without harm. I spoke of making appointments with politics as a test.

Dr. SLUSSER. I entirely agree with the gentleman, but the practice grows out of the nature of our political organization and both parties are alike guilty. I said to the Board, who were op-

posed to me in politics, that if politics was to be the test I would withdraw; and although solicited to be a candidate I would not be set up as a ten-pin with a certainty of being knocked down; but if the selection was to be made without respect to party, I would stand the test of a competitive examination with others. It may be my misfortune to get into the same category with the gentleman from Missouri, but I do not approve of dragging this matter into our organization, as it is calculated to disturb the harmony of the proceedings.

Dr. EVERTS. We have made some progress in Indiana, and it is satisfactory so far as it goes. We have but one Institution. The last Legislature was favorably disposed towards the one now in existence and toward additional facilities. The Governor recommended increased facilities, and an expenditure of \$1,000,000. The Senate passed one bill and the House another, and between the two neither became a law, but they gave \$96,000 for improvements. Within the course of the summer we have made almost a new house out of the old one, it now having a capacity for 650 patients. It is an Institution I would be pleased to invite this Association to visit at any time.

Our laws respecting the insane are entirely satisfactory, as far as they go. Of course we are almost limited to acute cases. We are compelled by law to make room for cases of less than one year's standing, when application is made for such. Our Board of Control is very properly small, numbering but three members; our work is harmonious. In the matter of politics our Board is divided, but all difficulties that have ever occurred have been from internal dissensions, and of a domestic character, among the resident officers of the Institution.

Dr. BASSETT. I do not know that I have anything of importance to report from the State of Iowa, unless it be that I refer incidentally to matters affecting the care of the insane in the way of legislation. Two years ago a bill passed our Legislature creating a Visiting Committee, consisting of three persons, and conferring upon it specific and general duties. They were empowered to visit the hospitals in their discretion, to go through the wards accompanied or not, as they should elect, by an officer, to send for persons and papers, to examine witnesses on oath, to ascertain whether any of the inmates had been improperly placed in, or were unjustly detained in the Hospitals, and whether they were humanely and kindly treated, with full power to correct any abuses found to exist. The right of unlimited and unrestricted corres-

pondence by letter was also conferred on the inmates of the Hospitals. We have now had two years of such legislation, and excepting a few modifications, scarcely lessening the evil which has abundantly developed under the practical working of the law, it still stands upon our statutes, a monument of unwisdom.

The Hospitals have been visited regularly by this Committee at intervals of a month; a good many complaints were made and specific charges created, which underwent a thorough sifting; one case occupied nearly a week in its investigation. As new complaints are made, and as new apparent cause for investigations arise, the Committee are not slow to discharge their duty.

The law was so far changed last winter as to have the effect to lessen the amount of letter-writing heretofore carried on. The inmates of the Hospitals are now permitted to write, under seal, only to the Visiting Committee, and may only receive letters addressed to them from the Committee without inspection. All letters written to the patients, or by them, are subject to the inspection of the Superintendent, and may, in his discretion, be withheld or sent. I can do no better than refer you to the last biennial report of the Hospital at Mt. Pleasant, for an illustration of the abundant mischief which has grown out of this legislation. The law is still in force, as I have said, and we must struggle along under two years more of its working. I have desired to call your attention thus briefly to this matter, for the reason partly that Mrs. Packard, the author of our law, is not idle, and I have reason to know intends to prosecute her efforts in other States. I heard her declare it to be her intention to make this her life work. X

Dr. REYNOLDS. One wing of the Hospital for the insane at Independence was opened one year ago. Seventy-five females and eighty-five males occupy the Institution. The main building is under way, and we hope it can be occupied during the coming year.

Dr. RANNEY. I need only say that the State of Wisconsin seems to be disposed to make all necessary provision for the insane, as rapidly as she can. Wisconsin is one of the new States, having at the census of 1870, a little more than a million population. She already has two Hospitals, one completed, and one about one-half completed, to be finished in the course of the next two years, when we will have Hospital accommodation for seven hundred and fifty patients. That of course will not accommodate all the insane of the State, but it will afford such accommodation that all recent cases can be received without any delay. The liberal feeling with X

regard to the insane, will undoubtedly lead to the procurement of further accommodation, just as soon as the financial condition of the State will warrant. At the last session of the Legislature, last winter, \$90,000 was appropriated towards the completion of the Institution, at Oshkosh, and \$40,000 to the Institution, at Madison, to make further accommodations, chiefly in the administrative department, which will also add increased accommodation for patients.

Dr. STEWART. (Nebraska.) As you are aware, our State is the youngest in the Union, and you can not expect a report of great length. Our Institution is a small one, a small commencement you might say. The building was finished, as far as it has gone, on the eighth of last June. It has a capacity for forty patients, although we now have fifty-four crowded into it. At this time we have plenty of room to accommodate the required number of officers and employes, to conduct the Hospital when it is completed according to the plans, but as only one wing is now completed, we are very much in need of more room for the comfortable accommodation of patients.

Owing to the rapid increase in the population of our State, it can reasonably be supposed that before such time as the south wing can be erected, there will be as many as one hundred and fifty or two hundred insane patients in the State requiring treatment in the Hospital.

Our Legislature has always been very liberal, and has appropriated liberally so far as it has been asked to do so. I think in the future we will go along nicely.

As you are all aware, I presume, we have had our building destroyed by fire. It was erected in 1869 and 1870, and occupied in December of the last named year, I am informed, by persons who were employed in the Institution at the time of the fire, that three lives were lost. I was not in charge at the time, but received my appointment as superintendent in the following November. There are now in our State about one hundred insane persons. For the space of twenty-three months we occupied a temporary building.

Dr. BOWERS. (Minnesota.) Like the gentleman who preceded me, I represent one of the youngest States, yet we have made considerable progress in the way of accommodating the insane. The Hospital was organized in 1866, and ground broken for the new building in 1867. Since then we have completed three wings. The superintendent reported last year the north and south wing of

the building completed, with a \$115,000 appropriation for the erection of the center, and the building of another wing. That has been done since, but it is not in a condition to be occupied. The center has been finished, and it kept the superintendent from this meeting. The south section has just been plastered, and will be ready for occupancy about the first of September. The last Legislature made an appropriation of \$40,000 for putting up a second north wing. It is about to be enclosed, the next Legislature will probably make an appropriation necessary to complete it. When it is completed, we will have room for about four hundred patients, and then we will give up our temporary quarters. We have at this time over three hundred in the temporary building.

Our Legislature has always been very liberal, in fact, munificent as to temporary expenses and building, but we have been crowded seriously, but this arose on account of the time occupied in putting up the buildings after the appropriations were made. Our increase of patients is about fifty a year. On the first of December, we had three hundred and three, and we have increased about thirty in the last six months, although our general increase has been as I have stated.

Besides the construction now going on, we have made other improvements. Much work had to be done about the old building. We have erected a wind mill for forcing water into the Institution, the strong winds there being quite sufficient to drive it.

Dr. CAMDEN. (West Virginia.) I report progress in our State. Last year we erected a building 50 x 50 feet of brick, three stories, capable of accommodating sixty patients, for the incurable insane. It cost about \$15,000 complete and furnished, much less than our stone building, which cost near \$1,000 a bed; the brick, \$250. We are receiving quite a number of patients, about fifty last month. Our main building is completed south of the center, and the center building is finished. We are this summer finishing another section north of the center, one hall of which will be open for patients in August next. We hope then to be able to accommodate all who may become insane for some time to come.

Our Legislature has been generous in the appropriations, making all that were necessary. This year we have but little to expend in building.

Dr. FISHER. I deeply regret, sir, that it is not in my power to report any very important action on the part of the good old state of which I am an humble citizen, in the way of additional provision for the insane. It is well known to each member here, that

she has been utterly prostrated in her pecuniary condition, but with all her poverty she has in the past winter, through her Legislature, performed one act of a most disinterested character, to wit, donated a sum of money for enlarging the accommodations for colored insane. There were various propositions before her General Assembly, in behalf of the insane, by different members, and perhaps committees. The Eastern Asylum wanted \$40,000 for the purpose of enlarging its capacity to the size of the Western, while the people of the south-western portion, earnestly petitioned for the erection of a new and commodious institution, in some central spot of that locality. The bill appropriating \$200,000 for that purpose, unfortunately failed by a single vote, and at a period in the session when too late to secure a reconsideration of the subject, and then the proposition to appropriate \$40,000 to the Eastern Institution likewise failed. But let it not be inferred from these failures there was wanting a proper degree of sympathy on the part of the Legislature with this class of unfortunates, for on the contrary, her past history too strongly demonstrates the reverse to be the case. Having had some experience in the construction of an Institution for the insane, I hope to be pardoned for commenting to some extent upon remarks which have been made by members upon that subject. The ground plan, with all necessary working drawings, had been provided by an architect, and, consequently, no material departure from them was admissible in any particular. When my official supervision began, the central portion, with the north wing, had been completed as far as the roofing and flooring, while only the stone foundation of the south wing was finished.

In prosecuting the work it was very soon found there were radical defects in the plan; but which could not be remedied then, and as the result of carrying out the original design of the draftsman, a building was erected, containing as many, and perhaps as serious defects as the Illinois Institution.

The experience thus obtained, and that derived from subsequent observation has satisfied me of serious objections, which I believe to exist in the more modern style of such buildings, and in the great superiority of the pavilion over every other. In this I adopt the well-matured conclusion of Dr. Wilkins, of California, who, after an extended tour both of Europe and this country, expressed his decided preference for it.

While up, I desire to call the attention of the Association to the resolution adopted many years since, respecting the mode of construction, the location of the buildings, and particularly the size,

or extent of accommodation. One of the resolves declared that no building intended for the insane should ever exceed in capacity two hundred and fifty patients. For several subsequent years this was the governing rule in their construction.

Dr. GREEN. I do not know of any such resolution.

Dr. FISHER. If I am mistaken I wish to be corrected.

Dr. CURWEN. The proposition reads, "the highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum."

Dr. FISHER. At a subsequent meeting of comparatively recent date, it was decided that under *certain circumstances* it would not only be expedient, but also to the best interests of the cause of the insane, that hospitals for their accommodation may be increased to six hundred patients.

Thus it appears that an entire change has been wrought in the minds of members, by a substitution of the latter resolution for the former.

Now I take leave to say that this seemingly vacillating course, on the part of the Association, may result in detriment to the cause it holds so dear; for if its *ipse dixit* is worth anything towards influencing the public mind, it should be worth *everything*.

I trust it may be the pleasure of the Association to reaffirm its former action on this subject, and thereby lend its influence to the establishment of what I consider sound policy and true wisdom.

Dr. BRYANT. In Kentucky there are about 1,075 insane persons provided for. At the First Kentucky Lunatic Asylum at Lexington, which I represent, there are five hundred and fifty patients. At the Second Kentucky Lunatic Asylum, of which Dr. Rodman is the Superintendent, there are three hundred and twenty-one patients. Dr. Forbes, who is now present, representing the Third Kentucky Lunatic Asylum, tells me that he has at this time two hundred patients.

The last Legislature made an appropriation of \$100,000 for enlarging the capacity of the Third Asylum, at Anchorage.

In Kentucky there has been inadequate provision for the colored lunatics, the only provision made for them, until very recently, was at the First Kentucky Lunatic Asylum, which at this time has seventy-four patients.

Dr. Forbes informs me that he has provided for about thirty-six colored patients, and that he is in a condition now to make such provision, temporarily, for the colored insane, as the State may demand.

When the Third Asylum is enlarged to its intended proportions, it will contain about three hundred and fifty patients. It is hoped that the insane of the State will then be amply provided for.

Dr. FORBES. As Dr. Bryant has said about all that I would have to say in a general way about our Institution, I will occupy your time very briefly with only a few particulars. We have formerly felt very greatly the want of additional provision for the insane, but action has been postponed, with the view of building a new asylum, and an appropriation was made by our Legislature for that purpose, winter before last. But the necessity became apparently so urgent that it was thought inexpedient to wait, and hence the feeble-minded Institute at Frankfort, and the new House for Reform of Juvenile Delinquents, at Anchorage, were appropriated as asylums for the insane. They were not contemplated in the law, as suitable for the care of all classes, but the harmless and chronic cases were to be provided for at these places, while the more unmanageable and acute, were assigned to the Institutions at Lexington and at Hopkinsville. It was found when tried, as was foreseen by those acquainted with the subject, that this discrimination was impracticable. It was removed by legislation last winter.

When appointed to the charge of the Institution at Anchorage, a year ago, I found it wholly unsuited for its intended use. Reconstruction was necessary, and we set about it at once. By the first of August we had it in such a state of progress, that we could receive twenty patients in one ward; we proceeded in this way occupying, as portions were ready, till we had it completed and furnished by the middle of October, affording a capacity for one hundred and sixty patients.

During last winter there were modifications made in our law. The Institution at Frankfort was remanded to its former use. An appropriation was made for the extension of ours, and its designation changed from the Fourth to the Central Kentucky Asylum. Separate provision was made here for the colored insane also. I have plans and drawings of these extensions with me, which I wish to submit to gentlemen present, who may feel an interest in asylum architecture. I am brought to refer to Dr. Fisher's remarks a moment ago, upon the pavilion plan. I have had occasion to consider various plans recently, and last fall alluded to them in my annual report, stating my inclination to a preference of the pavilion, with reasons therefor. We had to appropriate and refit, as part of our plan, a shop and a school house, so that our buildings are entirely isolated. They are further apart than I would wish,

but our new structures will obviate the objection, and combine the close and the pavilion plans in an admirable way.

We desire to push our work forward and have it ready for occupancy by cold weather. Meantime provision for the colored insane has become so pressing that we have erected temporary wooden structures for them. When our present work shall have been finished, we will have a capacity, altogether, for about three hundred inmates.

We have imperfections in our laws, which it is not worth while to refer to here. The Legislature of last winter and winter before, while it was injudicious in some particulars, was well intended, and last winter especially, it was liberal and satisfactory. I think it covers the ground fully as far as our necessities are concerned.

DR. GREEN. (Georgia.) Some important changes have taken place in the status of our Institution, since the last meeting of the Association. We have made a great many improvements, and have now in process of erection an admirably arranged kitchen, the other being very much to our annoyance and inconvenience, in the basement of the center building. So far as the buildings occupied by the patients are concerned, we are satisfied with the condition and arrangements, but the patients are entirely too much crowded. In our State we are obliged by law to receive all classes, inebriates, epileptics and idiots, as well as the insane of every degree, consequently we have had too many to accommodate. I have labored for at least fifteen years past to get the Legislature of Georgia to provide for the erection of a suitable institution elsewhere, for the care of idiots and feeble-minded persons. I have endeavored also to have provision made elsewhere for the colored insane, of whom we have now about one hundred, in detached buildings, but very comfortably situated. The males are kept at a distance from the females, in buildings in the form of an L, and two stories high. I think they generally desire a separate institution for the care of their people. If we were to receive no inebriates or idiots I think we would be prepared to accommodate all the insane for years to come. Within two years past there has been an addition made to our Institution, which had become absolutely necessary. I strove earnestly to prevent such enlargement, but it was decided to be cheaper to make additions to the present buildings than to erect others. I hope they have gone as far as they are likely to go in the line of extension, but I can not vouch for it. When I left home we had five hundred and sixty-five patients of all classes, including about

one hundred colored, necessarily crowding the Institution to an injurious extent. We are not by any means satisfied with the classification of patients. A satisfactory condition of affairs in this particular, can not be arrived at in the crowded condition of the Asylum at present. We have extensive grounds in course of improvement. The Institution probably owns more land than any other of the kind in the country, we have over 3,000 acres.

Dr. SHEW. How much is tilled?

Dr. GREEN. We have extensive gardens, but comparatively small farm operations. We do not employ the patients much, for their labor is not reliable at all. The main object in having this land is to supply the necessary amount of fuel.

Dr. SMITH. Is the land all in one body?

Dr. GREEN. No sir, between us and the most remote, (an addition of 1,700 acres, purchased year before last,) there is a small strip of land belonging to a brother of the party of whom we purchased the other, which perhaps will also be taken, but I should consider the land nearly in one body.

Dr. COMPTON. What aged idiots do you have to receive?

Dr. GREEN. Of all ages, in whom such condition could be determined.

Dr. COMPTON. Have you any young?

Dr. GREEN. We have some seven years old, but none of any advanced age. I do not remember to have seen an idiot more than forty years old. They are generally short lived. We have a very remarkable peculiarity in the case of two, one of whom has been taken home by his friends; two individuals who had reached their majority when brought to the Institution, and have been there ever since. They are both subjects of peculiar deformity, the hands and feet resemble very much the fore legs and hind legs of a rabbit. They have the same or nearly the same condition of mental imbecility, children of the same parents, born within two years of each other, and not only born blind, but without the vestige of an eye-ball in either, an anomaly I never met with before.

Dr. LETTS. In Canada, in the Province of Ontario, we have three asylums, one at Kingston, one at Toronto, and one at London. The one at London, has, during the past year, undergone considerable repairs or alterations. We have had a new sewer built, which is carrying away a great deal of the odor resulting from previous bad drainage. There has been a large amount of money expended in repairs to the building. In addition we are beginning to relieve the main building by the construction of cottages. We

expect this clump of cottages will be opened in July, and will contain about sixty patients. It was the intention of Dr. Landor to write a report upon the arrangement of these cottages, but upon consideration, he thought he would wait another year and describe more fully the mode of clumping them, and give the object of their construction.

The PRESIDENT. I congratulate the Association upon having a more complete and satisfactory report than ever before since the formation of the Association. I hope it will be continued in years to come.

The Association will now give attention to the reading of a paper from Dr. Ranney.

Dr. RANNEY. Previous to the last meeting of the Association, I prepared a paper relative to the operation of the law in Iowa, entitled "An Act to protect the Insane," with special reference to the use of mechanical restraint in the treatment of the insane in hospitals, which was a question prominently considered by the committee created by that law in pursuance of their duties under it. I was prevented from attending the meeting at a late moment and the paper was not presented. The occasion for saying some things I had written having passed away, I have re-written the paper for presentation at this time. If the Association should find it tediously lengthy, and somewhat desultory, I may say that hitherto I have occupied but little of its time.

The paper was then read by Dr. Ranney, of which the following is an abstract.

During the present century, a period of unequalled intellectual activity, and rapid advance in every branch of science, medical science as a whole has probably kept pace with its sister sciences. Only a little more than a quarter of a century ago, a score of valuable remedies, all adding greatly to the resources at our command, had not been discovered or applied; the revelations of the microscope in the field of pathology, were yet meager and uncertain, and the scalpel and unaided vision still maintained precedence in this realm; doctrines and dogmas, deemed medical truths, held sway which are now admitted to be medical errors; medical practice was essentially an artificial one, consisting chiefly in the administration of certain substances, with the expectation that they would

of themselves remove disease, but this has since been superseded by a more rational practice which recognizes nature, or the vital guiding principles of all animal life, as the great agent in the cure of disease, and employs art as an auxiliary to be resorted to where deemed useful in the light of present knowledge, and avoided when prejudicial.

In comparing the advances that have been made in the different departments of medical science, we can only reach the conclusion that all have not been cultivated with equal success; and in some of its most important aims and objects, it is still more speculative and ineffectual than objective and practical. There are inherent difficulties attending the study and investigation of some branches, especially the disorders of the nervous system, that do not obtain in others; and though observations have multiplied, and many fields have been pretty thoroughly explored, and much finished research, accumulated fact and valuable experience have been laid up in store, which it becomes us to study carefully and endeavor to elicit therefrom the practical lessons truth always teaches, we have to deal almost daily with questions and principles not yet authoritatively settled which have to do with the management and treatment of insanity.

One of these questions is the use of mechanical or instrumental restraint in the treatment of the insane, a question that has led to much professional controversy in Europe, and divided professional opinion in this country, has deeply stirred public sentiment from time to time, and perhaps has been the cause of much of the popular odium that has been cast upon hospitals for the insane, and their directors, in some quarters.

That the use of restraining apparatus was terribly abused in various parts of Europe, and through it the unfortunate insane suffered an untold amount of neglect and cruelty, till near the close of the first half of the century, we have abundant evidence in parliamentary reports, and the writings of Conolly, Browne, Hill and others; not willfully we may believe, but resulting from a mistaken, erroneous,—ignorantly erroneous—idea of the nature and causes of insanity.

We may not specially arraign the later people or the medical profession of Europe, or any country, for any ill or improper treatment of the insane; for some or greater abuse has probably prevailed in all historic ages; the legal profession have executed insane persons against the protest of the medical profession; cruelty has prevailed in punishment for crime in various ways, and

persons have suffered for honest opinions' sake, at the hands of bigots, under the sacred guise of religion, or in the name of good government, or under the plea of necessity or the public weal. Nor is further illustration of this painful history necessary before such an audience as this; and this much has been said only to preface the statement that neither we nor those who have preceded us in this branch of medicine and philanthropy, should be reckoned sinners and aspersed beyond our or their contemporary age. In any comparison of the treatment of the insane in different countries, we can but look with pride upon the advanced humanity of our own. Looking at the condition of the Lincoln Asylum in England, which was opened in 1820, as described by Mr. Hill,—no worse probably than many or all others in that country at that time,—the picture is a dark one. The patients were cruelly restrained, abused or neglected, while the keepers were indulging in riotous living. There was no responsible superintendence till after a fatal accident, which led to an investigation, which was much needed.

During the following six years, prior to the appointment of Mr. Hill, there were three Superintendents, all advocates of the free use of restraint. "The first used restraint indiscriminately, the second very largely, the latter said it could not be dispensed with," and "was the very basis and principle on which the sound treatment of lunatics was founded," that the applications of the "various modifications of this *powerful means*, to the peculiarities of each case of insanity, comprised a large part of the curative regimen" in the treatment of the insane, and was of the "very first importance," and as little likely to be dispensed with in the cure of mental disease, as the various articles of the *materia medica* in the treatment of other diseases.

How little of the spirit of scientific inquiry is shown in this language! and how often has such dogmatism caused mortification, when it has been at length discovered that there is after all a "better way" not hitherto discovered. Let us now turn to the condition of the insane in the earlier Institutions, for their cure and treatment, in this country.

The McLean Asylum was opened in 1818, two years before the Lincoln Asylum in England. From an examination of its early records, and conversations with persons who had been connected with it from its infancy, and for a long period, it is certain that a singularly wise, enlightened and humane treatment was adopted in the beginning and carried out.

And it is to be believed that the important Hospitals founded during the next two or three decades, were conducted in an equally humane and enlightened manner.

This position is confirmed by the late Dr. Bell, who says in the Report for the year 1837, "With respect to the general management, moral and medical, the present Superintendent has attempted few innovations or experiments. He has rather attempted to carry out eclectically and combinedly the respective plans of moral and medical treatment of the eminent individuals who have preceded him, not rejecting the experience of other institutions." "In this, as in every Institution which has kept pace with the age, everything like *severity has never been found* necessary, and the great principle of mild, soothing, persuasive yet firm, decided and parental treatment has proved fully adequate to accomplish every desired result."

Although this does not mean absolute non-restraint, for mild, instrumental restraint infrequently and judiciously applied, we may say, existed in all the Hospitals and Asylums in this country, in the use of a few articles of leather or linen; yet it does mean, that before the advent of Mr. Hill at Lincoln, or Dr. Conolly at Hanwell, there was practiced in this country generally, a system about as near non-restraint as any thing that has been or can be well carried out, for much length of time, in any Hospital for the insane. And precisely the same moral treatment was in vogue to avoid restraint that was afterwards advocated in the pages of Hill, Conolly and others. Nor was seclusion resorted to as a substitute for restraint.

In Dr. Bell's report for the year 1839, he says, "It is the successful use of the means put into our hands in the extensive architectural arrangements here provided, that has enabled us to dispense almost entirely with restraining measures, or even confinement, as evinced by the fact that our lodge or strong rooms are not called into use more than three or four times during the year; that not one per cent. of our whole number is on an average under any constraint."

This is certainly a most creditable showing. Have we, on the whole, or can we advance much beyond this position? Have we not sometimes fallen behind it on a plea of economy, or through a willingness to shirk the unceasing, patient, thoughtful attention a large number of patients in Hospitals need, and thus brought upon ourselves and the Institutions under our care, the odium and the pernicious legislation that seem to have sprung out of, or at

least to have closely followed, some sharp criticisms in recent publications, and the acrimonious utterances of intense humanitarians, or persons whose mental integrity is at least questionable? And to just such results shall we be ever in danger, so long as restraint may be deemed necessary, unless with unceasing vigilance we guard against the abuses that with its use are exceedingly liable to creep in. With strong inclinations towards non-restraint, or to the least practicable use of restraint, it has not seemed to be quite wise, although possible, to dispense with it altogether. Every now and then cases arise, in the treatment of which it proves to be a valuable, if not indispensable auxiliary in the treatment. In active mania, so common a form of insanity in this country, characterized by violent, destructive and mischievous propensities, and a remarkable insensibility to moral influences, personal kindness, and everything that may be done for their welfare, as well as to almost every sense of delicacy and refinement, we may see after weeks of useless effort in all other directions, upon the application of some mild form of restraint,—the camisole or a strong linen frock with continuous sleeves, or the use of the crib bed,—the boisterous state exchanged for one of greater composure, the attention more easily attracted into healthier channels, the mental operations become more coherent, and physical reaction more natural, while the brain and nervous system get the needed rest, the physical functions are better performed, and thus a state of progressive improvement inaugurated. If we ever can trace the relations of measures and effects, it would seem we may in such and similar cases.

In all the hospitals with which I have been connected, there have been patients from time to time who would, with more or less persistence, wound themselves, creating ulcers that would never heal unless the hands were confined. In these persons moral influences go for almost nothing, and the only alternatives are perpetual watching, both night and day, while the propensity lasts, or restraint; and between the two, when necessary for any considerable period, I have felt fully justified in resorting to the latter. A pretty close seclusion, or a qualified liberty under some mild form of mechanical restraint, is the only safe course in guarding against the dangerous violence to which the epileptic insane are often liable. Attending circumstances must govern action in each case, but it would seem that no one with experience can but regard mild restraint in such cases, with at least as much favor as any other method of treatment.

There is a small class of chronic insane persons in our hospitals, for whom seclusion or restraint for varying periods seems to be necessary, and for a small portion of this class almost continuous.

They are persons whose feelings are greatly perverted so that little sympathy or any kindred quality is left to them, and are besides exceedingly irascible, and prone to see in simple and unoffending acts, insults, or evidence of conspiracy, for their discomfort or injury. In the extreme cases every feeling or instinct of humanity seems blotted out. They fancy they are surrounded by enemies, are sometimes little less ferocious and fierce than wild beasts, and feel little or no regard for human life. Kindness and sympathy and everything done to modify their alienated condition is nearly thrown away upon them; they often persistently refuse those medicinal agents that might quiet nervous excitement, and repress violence; and without restraint, officers, attendants and patients are constantly exposed to their fury, and have in several instances known to me, barely escaped serious injury or death at their hands.

The presence of these cases in our hospitals, as has been said by Dr. Ray, "must always prevent the existence among us of thorough-going advocates of non-restraint."

In the case of suicidal patients, such restraint as is implied in the use of the covered bed, or crib, seems to me eminently appropriate at night, and affords a full equivalent for watching, or other supervision, and it is less liable to abridge sleep than any other measures affording the needed security.

These covered beds can be made just as comfortable for the patient as an ordinary bed, and indeed I have known patients to prefer them to the ordinary bed. A female patient under care at this time—a melancholic, with suicidal, and perhaps homicidal propensities of more than three years' duration—has frequent paroxysms of great mental distress, and when they appear, she sometimes begs to be put into the covered bed, where she at once becomes quiet.

And then how shall we treat that so frequently fatal disease, acute delirious mania, if we do not apply restraint to secure recumbency? Without such restraint as will secure it, and in the best possible way, conserve the physical forces, there is no success. In many, or most other cases where restraint is applied, increased attendance will wholly, or in part, take its place, but in this disorder, such substitution is more likely to be attended with ill results, than any needful application of mechanical restraint, for all

experience goes to show, the victims of this disorder never yield to any superior force, and moreover, the simple presence of persons tends to perpetuate the cerebral irritation and mental excitement.

It must be conceded by those who use restraint, that the insane have been, and can be managed without it. But whether absolute non-restraint, under every and all circumstances, as has been preached, and is said to have been practiced, is the best course, or the better way, is the question before us, and a proper one after the lapse of fifteen years since the question has been under discussion by the Association; and if it is shown that we have made progress within these years in the treatment of insanity, so as to diminish the use of restraint, "it is just as noteworthy and praiseworthy as success in any other particular."

Just to what extent the system of non-restraint has been carried, or how far it has become general in the country where it was first practiced, does not seem to be quite certainly disclosed. Visitors to British institutions tell us they have witnessed, at least, the exceptional use of restraint, or what is called restraint in America, even where the non-restraint system is the prevailing principle. Still we must believe from what has been said and written, that, from the infrequency of the more acute and intense forms of insanity, especially mania, in the British institutions, as compared with those in this country, the employment of a larger proportion of attendants, and for other reasons, perhaps, less mechanical restraint is employed in the management of the insane with them, than with us.

If revolutions never go backward, as is said, they certainly seem sometimes to overleap the boundaries of reason and common sense. And it is no wonder that from the horrors of the first quarter of this century, even to a later period, the re-action should have been strong enough to carry persons and opinions to quite the opposite extreme; hence we have had absolute non-restraint, and strenuous advocates for the system, which all will cheerfully grant, is far better than the system, that preceded it; and at this extreme position, a strong public opinion, based as it often is, more upon mere feeling than knowledge, has maintained the principle, and has no doubt prevented many, or at least some medical directors of hospitals or asylums, from speaking their real sentiments averse to it. There is perhaps nothing with regard to which we can say it is settled, that the end of inquiry and progress has been reached; and at length we see professional and public opinion in England is receding from its extreme position, and conforming

more to the opinions and practices of alienists in this country. The utterances of Drs. Rogers, Yellowlees, Lindsay and others will confirm this view. And lastly we have the following expressions of Dr. Sheppard, who says: "I happen to be one of those who as humane, I trust, as other alienist physicians think that much evil has resulted from its too rigid adoption." "Many of the broken ribs, and other casualties, in English asylums, which have given rise to so much comment and censure, moving the facile pens of novelists, and stimulating the imaginations of their readers, have resulted from struggles between attendants and patients, which would have been avoided, and ought to have been avoided by temporary mechanical restraint."

These words may well engage the attention of sentimentalists and self-constituted philanthropists throughout the country.

Dr. CURWEN. I am very glad to hear the views which Dr. Ranney so well expresses. I believe the safest course is always to pursue the mean between the two extremes. My own opinion in regard to the use of restraint is, that it should be used wherever the welfare, safety and security of the patient, or those about him, may require it, and in no other case; and the medical superintendent is the only one to say when it is required. When I first entered the Pennsylvania Hospital for the Insane, as Assistant Physician, thirty years ago, I found that restraint was only used in a few cases where necessity seemed to demand it, and that is still the rule in that Institution, and I have adhered to the principle just stated in all my practice. With the class of cases we are constantly obliged to receive in our hospitals, I do not believe it prudent or proper to say we will use no means of restraint, for at times the lives of the patients, of the attendants and officers will be jeopardized without some restraint is placed on a certain class of patients for a time; and I believe the life of a patient is often saved, and their recovery often facilitated, by a timely, judicious use of certain modes of mechanical restraint. When patients are obstinately bent on destroying their own clothing and that of others, it is safest and best to confine the hands by such means as will prevent their carrying out that propensity. Where it is necessary to administer food regularly, it can be done much more readily by temporarily confining the hands, and thus preventing those protracted struggles, and other difficulties so often met with in that class of patients. To attempt to control certain patients by having several attendants hold them, only increases the irritation and excitement of the patient, and tends to make them more difficult

to manage, and provokes a struggle in which both parties too often lose their temper. For myself I am free to confess that I would be unwilling to attempt the management of a Hospital for the Insane, and receive all cases which might be sent, if I were compelled to do away with all forms of restraint. I believe it would be an injury to certain patients whose restoration is often promoted by the application of slight restraint for a short time. I wish to be understood as advocating only mild measures. To use the term given by a medical man in Pennsylvania a few days since in a discussion on certain points of medical practice, "The course adopted will be governed by the quality of the brain of the individual." No man should follow one undeviating rule in all cases. He must have the sense and discretion to see when it should be applied and when it should be discontinued. He should study his cases carefully, and observe the varying aspects, and then he will be prepared to act wisely, judiciously, and to the benefit of his patient. The rule in American Institutions, as I understand them, is that no restraint is to be applied without the authority and direction of the Superintendent. Acting on this, I think there will be no difficulty about the abuse of restraint, which seems to be the great fear of those who insist on absolute non-restraint. They argue from the abuse, against the cautious, guarded use of restraint. In all cases of the use of restraint we are to be guided by the necessity of the case which we are treating. What is necessary to make a patient more comfortable and hasten his recovery, we are bound to use without regard to the views of those who know nothing of the case, and who are governed by certain notions of a theoretical character. The physician is presumed to know what is for the best interest and welfare of his patient, and no hue and cry of a sensational character should influence him in the discharge of his duty, and cause him to deviate in the least from what he is convinced is the strict line of duty.

Dr. FORBES. My views have been represented so fully by Dr. Curwen, that if I could express them as well, the expression would be but a reiteration. I believe that restraint is indispensable on certain occasions; when and of what kind, the Superintendent should be the sole judge. My rule is to allow no attendant to act in this regard without first consulting myself or my assistant, unless there may be a pressing necessity, and in that event to report immediately after.

I am so fully impressed with the propriety and even necessity of restraint at times, that I can not conceive how any one could suc-

cessfully manage some cases without it, in one form or another,—the lodge, crib, locked seat, camisole, straps, mits or the like,—and the only objection I can see to their use when necessary, is that it may possibly lead to their abuse when unnecessary.

It has only been about three weeks since we had to treat a very maniacal female. She would hurl herself violently against whatever might be in her way. We tried various restraints,—bed-straps among the rest. She would twist and entangle them about her to her peril. Manu-tension seemed alone available, and this we practiced till our attendants were tired out. I at length devised a contrivance that answered the purpose well. It was an elongated straight jacket,—as well as I can describe it—without sleeves, fitting at the neck, closing behind with a button, like the modern shirt, and extending beyond the patient's full length, and closed at the bottom. This was adjusted upon her, and laying her down, secured the corners and sides to the bedstead. I can not for my life imagine how that patient could have been controlled to prevent her inflicting injury upon herself, without some such contrivance of restraint. I may repeat that abuse of the practice is all that is to be dreaded, and that in my opinion, proper discretion, always tempered with a humane sympathy, is sufficient guard against that.

Dr. EASTMAN. The paper just read accords fully with my own views. I could not undertake to manage a State Lunatic Hospital without the occasional use of mechanical restraint. I am sure I have seen cases in which the lives of patients have been saved by the judicious use of mechanical restraint. At the Worcester Hospital there are a large number of chronic cases who are very destructive, and prone to denude themselves, and I am obliged to use a good deal of restraint on these accounts. Owing to the crowded state of the house, all of the quiet, chronic class, who can find homes elsewhere, are discharged, which leaves the proportion of violent and destructive cases very large. The crowded state of the house also renders it necessary to use some restraint at night, that might otherwise be avoided.

I think, however, we should all strive to use the least amount of restraint that the necessities of our cases will admit.

Dr. STEVENS. I did not hear the first part of the paper of Dr. Ranney, but I think I comprehended his ideas fully. I am in favor of the views expressed, perhaps I should say, decidedly so. I think the sentiments of this body should be known, and fairly expressed, in regard to this matter. I am decidedly of the opinion

that we do injustice to the insane themselves, to have the sentiment become general, that we are opposed to all mechanical restraint. I have known patients to ask for the camisole and the sleeves.

Dr. LETT. (Canada.) As I am but a very young member in this branch of the profession, I prefer to hear the views of others. So far as my experience goes I think this is simply a question between good attendants and restraint. Of course I will not say positively, where there is restraint used, the attendants make an excuse to go about their own enjoyment; and whenever there is a little excitement, the first thing they do is to rush to the Superintendent, or one of his Assistants, and ask for restraints. I think there are very few cases where it is necessary to apply it.

Dr. SLUSSER. (Ohio.) It could not be expected that I would be prepared to say anything on the question discussed in the paper, but, in my short experience in the management of insane subjects, I have met with a class requiring restraint, not alluded to by the writer. I refer to those who persistently walk or stand until their extremities become swollen, and they give evident signs of physical prostration. I have no way of controlling such but by tying them down on a seat. If there is any less objectionable mode, I should like to know it.

Then we have a class of *noisy* patients, harmless in every other respect, but so loquacious and boisterous that they disturb the whole ward. They may be isolated, or confined in the lodge, but that will not quiet them, and is most sure to disturb patients of other wards. I do not think it advisable to subdue them by a narcotic, and so I am at a loss to know what to do. I trust some of the brethren who have yet to speak on the subject before us, will give me the benefit of their experience.

Dr. WORTHINGTON. I have had a good deal of experience in the use of restraining apparatus, and have also made experiments in the direction of non-restraint, and perhaps I may be indulged in a few remarks detailing my experience both in the use and disuse of such means. It is a good many years since I began my acquaintance with the insane and engaged in their care and treatment, and I suppose the use of restraint was more common thirty years ago than it is now. I entered on my duties in the Institution where I am now employed in the year 1842, at first in the capacity of resident physician, the principal medical officer residing out of the Institution. A number of forms of restraint were in use, and were called into requisition almost daily as the different cases under treatment seemed to demand. As time passed on we dispensed more

and more with the use of these means, and finally finding it well nigh impossible in the worst cases, to maintain them in use in consequence of the persistent efforts of the patients to remove them, we were in a measure compelled to cease their application.

X When I took charge of the Institution as Medical Superintendent, I determined to try the experiment of doing away with the use of restraints in every case where it seemed possible to do without them, for I never believed they could be dispensed with under the form of the bed-strap or covered bed, in cases of acute maniacal delirium and other forms of physical prostration, accompanied with high excitement. Except in such cases, for the last twenty years, I have not used a muff, a mitten, or a belt to confine the hands of patients. In cases of females who would divest themselves of their clothing, I have used the strong dress, either with the continuous sleeve, or with the end of the sleeve sewed up, and furnished with a strap to fasten behind the back. It is only in comparatively gentle and feeble patients that I have considered these means useful. In others I have found no form of restraint that could resist the determined persevering efforts of a highly maniacal patient to remove them, and I have concluded that, if I must restrain their muscular movements by mechanical means, that I should be compelled to resort to manacles and fetters of iron. I have, therefore, preferred X to let such patients have their own way, placing them in a warm room where they could not suffer from exposure, and I have found the number of cases necessary to treat in this way so small as not to cause any practical inconvenience. In this way I have managed now for many years, not always satisfactorily to myself, but choosing what seemed to be the least of two evils; and the result of this experience has been that, since the use of mechanical restraints has been almost entirely discontinued, there has been far less trouble in the management of the patients than there was when the attempt was made to secure their good behavior by such means, and one consequence has been that, for nearly twenty years since this experiment has been in progress, there has not been a case of suicide in the Institution.

X Dr. COMPTON. I regret that I did not hear the whole of Dr. Ranney's paper, but from what I did hear, I think I may safely endorse it all, at any rate, I practice in our Asylum what he recommends. I imagine it to be very difficult to conduct an Asylum for the Insane, of any magnitude, without having a few who, now and then, require some kind of restraint. This restraint may be rendered more frequently necessary by having incompetent attendants,

or perhaps it would have been better to have said that much of the restraint may be avoided, by having patients under the control of attendants, who possess a great deal of patience and the proper tact.

I think an Asylum can not be found in this country, where the first thing a boy learns to read is the Declaration of Independence, and where every youngster learns that he is "in the land of the free and home of the brave," in which restraint will not be found necessary. Patients are often quarrelsome, frequently mischievous, and sometimes violent. We must either confine such patients in a solitary room, or permit them to remain at large with the other patients, subjected to some kind of personal restraint. I would not send an insane child of mine to the care of a Superintendent who professes and practices an absolute system of non-restraint. I would be constantly looking for a letter informing me that some violent maniac had knocked him on the head with a chair, bitten off his ears or gouged out his eyes. There are also some patients disposed to commit suicide. They must be restrained against themselves. We had a case not a great while ago,—strongly suicidal,—who with the finger nail alone had cut down to the carotid artery in the night. It was out of the question to require an attendant to watch that woman all the time. While not under the eye of an attendant she was required to wear the mits. The question as to the kind of restraint to be employed in a given case, depends entirely upon the case itself. It is frequently an important question whether we shall confine a patient in a solitary room, or give him the liberty of the hall with the other patients. It frequently occurs that a few minutes solitude will quiet a patient, but as a general rule solitary confinement has a bad effect. It is generally better to let him associate with the other patients, even if he must have his hands confined. Within the last few years we have made a great advance in the management and treatment of insanity in this matter of restraint. Before the days of Pinel and Conolly restraint was the rule. It is now the exception. We do not use restraint very often, but occasionally it is indispensable. I would be glad if insanity would always confine itself to those forms in which we are not required to use restraint in our Institutions, but before that happy day arrives, insanity will have to abandon many of its present types and bad habits.

I will say, in conclusion, that in all cases, the degree and kind of restraint should be dictated by the Superintendent or an intelligent assistant. In every case in which an attendant may suppose restraint to be necessary, he should report the fact at the office.

Dr. REYNOLDS. We have had an instance of a new form of restraint. A patient was brought to our Hospital a few weeks ago with a grain sack thrown over his head and body, and lashed with ropes from neck to feet, making the most perfect restraint I have ever seen, the use of which would not be permitted in any hospital.

On opening the Hospital, I adopted the system of non-restraint, so far as possible, but I took occasion to have on hand, in case of an emergency, all the necessary appliances. I visited several Hospitals in Europe, and saw there the same forms of restraint that we use in this country. They had muffs, mittens, and what more nearly resembled a straight-jacket than any thing I have seen in use in this country.

Dr. HUGHES. The question of restraint or non-restraint, is resolvable simply into how much or how little restraint, and under what circumstances shall restraint be employed. Dr. Conolly never abolished restraint. Over his grave we speak of him as one of non-restraint fame, but he reduced restraint to the minimum. The Hospital in which he distinguished himself stands as a memorial of the fact that he never abolished restraint, and the hospitals all over the land stand as evidences of the fact that the system has not been abolished. What is insanity? The abnormal, irregular disintegration of the cerebral cells, producing improper, unnatural brain action, and it becomes a medical question how to restrain this abnormal and irregular cerebral disintegration. The prescription which you give the patient to put him to sleep, is a restraint, just as much as your camisole, your mits, or your bed-straps, or just as much as your cribbedstead, and you put into requisition the principle of restraint precisely when you prescribe a hypnotic. Your object is to arrest the irregular disintegration which is disease, and which is exhausting the patient. If they have a case of violent maniacal excitement across the water, where they have abolished the system of restraint, they pack their patient in a wet sheet. This is calmative restraint. Is it practicing a non-restraint system to pack him in a wet sheet and let him sweat it out? Restraint is a medical question, and we have to consider when to use the narcotics, splints for the brain diseased, as well as the more mechanical methods of restraint. We have to choose between chemical, mechanical, or physical restraint, employing one or the other according to circumstances. Take for example the substitution of physical power, represented in those men having charge of your patient, where they

have adopted the non-restraint system, it means that they have abolished the lock-up-seat, but they have substituted physical restraint instead. The question for medical men to consider, is, whether the restraint of three or four men is more or less irritating to that particular patient, than the restraint of the lock-up-seat, the padded room, or the hypodermic injection, the anæsthetic or hypnotic. Each case has to be solved by itself, and one patient will be quieted and restrained by one means, another patient by another plan. It seems to me necessary that we should employ restraint under the same circumstances and restrictions that we employ our remedies, directed to be applied by a medical officer for curative purposes.

DR. KILBOURNE. I do not know that I can add a word upon the able paper of Dr. Ranney, or the able remarks of those who have followed him. I quite agree with the views Dr. Ranney has expressed. I confess that I am unable to see how some form of physical restraint, or hypnotic restraint is to be avoided in all cases of insanity.

Quite recently I had under my charge a case which very much resembled opisthotonos. Every morning about ten o'clock the man would become excited, and there would also be a period in the afternoon when he would be very much excited, and he would reach back and butt his head against the wall, and down on the floor, bumping it anywhere. That man had to be restrained, and the question was whether he should kill himself or have some restraint. I decided it without hesitation, and do not think any sensible man would have hesitated long.

Last Sunday morning I went into the ward, and had not gone more than ten or twelve feet, when a patient said, "Doctor, what are you keeping me in this hospital for?" For you to get well. He said, "What authority have you?" I made answer, when he immediately became enraged and walked up and down the ward. I at once sent for two additional attendants. I saw that the epileptic frenzy was coming upon him, and the sooner the frenzy was cared for the better; but before the messenger could return, the patient picked up a spittoon and threw it with all his force at the head of another, breaking a window, the spittoon being stopped only by the guard. Then he took off his coat and was going to fight the patient. I went up to him and said, "John, be quiet." He immediately flew into a passion, and it took a dozen men, including several patients, to control him. This comes on every few weeks, and it became a question for medical experts, whether he was responsible after twenty-four or forty-eight hours.

I do not see how it is possible to get along without some form of restraint. There should be great vigilance used. To put on a straight jacket at the first outburst of excitement, is uncalled for, but with strict rules, the use of these restraints seems to be in accordance with every rule of propriety in an Institution where these restraints are required.

Dr. BOWERS. I do not know that I can add anything of importance. In our Institutions we use the same simple restraints that have been mentioned, as the muff, the strap and wristbands, and the camisole, with solitary confinement in crib, as far as necessary in cases of violence.

We have certain cases that require to be confined in a room for an hour or two, and when the paroxysm of excitement subsides, they can be let out and go quietly about the ward.

Dr. RODMAN. I was not present when the paper under discussion was read, but gather from what has been said since I entered the room, that the question of "restraint" is before the Association. Upon this subject I am already upon record, I have only to repeat what I have before said, that I am decidedly in favor of restraint, in certain forms of excitement. In my judgment there is neither peace, comfort nor security for patients, nurses or physician without it, in some such cases as have fallen under my observation. Properly applied, mechanical restraint I regard as a legitimate means of treatment; its use I favor, its abuse I, in common with all who are present, deprecate. I will make this remark, that in a hospital for the insane whose income is limited, and in consequence its corps of nurses comparatively small, that an occasional resort to the mittens, the muff or the camisole, is inevitable, and I believe proper; and farther, I think that some form of mechanical restraint is much more preferable than that imposed in hospitals, where the system of non-restraint is said to be practiced.

Dr. SHEW. I desire simply to express my concurrence in the views advanced by Dr. Ranney in his paper. It seems to me just as important to use restraints under certain circumstances, as to prescribe medicines, exercise or amusements; first, for those cases of acute delirious mania, referred to by the Doctor, it is absolutely necessary to restrain what little strength remains; and secondly, in cases of chronic mania where there is a disposition to destroy. I think we all have these cases, a persistent desire to destroy clothing particularly. No harm can come from restraint in either of these cases if properly used, but on the contrary much good may be done.

I suppose we all have some curious experiences in reference to certain cases. I remember a chronic case of mania, an Irish woman, who gave an unlimited amount of trouble for several months. She seemed to be persistently inclined to remain naked. She would be quiet after she had destroyed all her clothing in the room or in the hall in the presence of others. As a last resort, when there was nothing left that she could wear, on a certain occasion when her husband came to see her, I told the matron to put on pantaloons and a soldier's blouse. These were the only articles at hand, and much to our surprise she wore them and was very happy. For several months, until she died from the disease, she was allowed to wear men's clothing.

DR. CARRIEL. I concur in the views of Dr. Ranney as expressed in his paper. In our Institution we use the camisole, the muff, the wristband and the bed-strap. I believe that is about the only means of restraint we have. I consider some form of mechanical restraint absolutely necessary, as, in cases of acute delirium or acute mania. Restraint is absolutely necessary sometimes, to preserve the life of the patient, by keeping him in a recumbent position, and thus economizing the vital force. Then in cases of melancholia the same reason for using restraint appears. In epileptic and other delusional cases, sometimes there are those who are very quiet, and then suddenly rise up and make a violent attack upon somebody, without provocation or warning. I have such a case now where I consider restraint necessary. It is a question whether you will use mechanical restraint or seclude such a person. My observation is, that seclusion is just the last means to be resorted to in such cases. If you want to make a man noisy, destructive and filthy, shut him up. Then there is a class that denude themselves, and tear their clothing, when restraint or seclusion becomes necessary. I believe I agree with all who have spoken. They are all in favor of restraint, and some particularly, in favor of very little. I favor very little restraint.

DR. EVERTS. I think that we are all agreed ; but the question seems to be, how much and what kind of restraint is required ? I know of no other object in sending these persons to an insane hospital than that of proper restraint. So far as medical treatment is concerned, any other physician is supposed to be as competent to administer medicine, understanding pathological conditions, as well as the Superintendent of a hospital. The Hospital can administer restraint. The building itself is a mechanical restraint. I believe that what we call mechanical restraint is often preferable to chem

ical restraint, or the restraint of medicinal influence. True, it may be better to knock a man down with chloral than with a club, but it is better to knock him down than to permit him to kill himself by unrestrained action. The tendency of the time, evidently, is to reduce mechanical restraint, as an element of treatment, to its lowest practicable point.

When I assumed charge of the Indiana Hospital, I found perhaps fifteen per cent. of the patients wearing some kind of mechanical restraint. I have reduced the ratio to not far from two per cent. Below that I find it impracticable to go. I prefer the cribbed to other methods of restraint in a large number of cases, as we gain by it the recumbent posture and quiet the heart's action.

Dr. BASSETT. I wish to express my full concurrence in the views so ably presented by Dr. Ranney. It seems to me that sometimes in considering this question of restraint, (but perhaps I should only speak for myself in this particular,) we are governed more by public feeling and sentiment, than we are by the necessities of the case, and a strictly scientific knowledge. But public feeling is very fickle and a very unsafe guide. Nothing is more frequent than to see patients brought to an Institution completely burdened down with restraint. Any one who travels much upon a railroad can not fail to witness it, yet who ever thinks of remonstrating? But who would pass through the wards of a hospital, and see such restraint, without at once crying out against its inhumanity? Patients have been brought to my care after having been so completely restrained by a blacksmith, as to necessitate an hour's labor in divesting them of the restraint.

In our Hospital we use but three forms of restraint: the waist belt and leather cuffs, the camisole, and covered beds. We have no muffs. For cases such as those presented by Dr. Slusser, I should use the covered bed, and I know of no other satisfactory way for securing the end to be desired in such cases.

Dr. GREEN. With the general views expressed as to the absolute necessity, in many cases, for the employment of some form of restraint, I concur fully; equally in the obligation to restrict it within the narrowest bounds consistent with humanity to the patient. I hold that to such extent it is essential to the safety and welfare of the patients. I employ it with four different classes. The suicidal patient, who seeks to destroy himself or herself by strangulation. For instance, it is common according to my experience and observation, for suicides to make up in their own minds some particular plan by which to destroy themselves. I have re-

garded it as almost miraculous how pertinaciously they will adhere to such preconceived plan for effecting their object. When they are intent on blowing out their brains, taking poison, jumping into a well, or cutting their throats, I put them under no mechanical restraint whatever, but rely on other safeguards. Where persons will not remain in bed but, running about their room, wear out the influence of any narcotic or hypnotic, if it were given them, and disturb the rest of other patients, I place them in such circumstances as to secure a recumbent position. Again, in the case of persons who persistently denude themselves of all clothing, I think it better to put them under restraint than to keep them in their rooms, and accordingly restrain also that class of patients. I do not think that all the restraints we employ, amount to two per cent. per annum, with our 560 patients. I then certainly concur in the positive and absolute necessity of personal restraint. I hold that such restraints, however, should be employed as rarely as possible, and that the utmost care should be taken that it be not employed at all, except under the direction of the medical officers of the Institution. In the cases just given of Dr. Conolly, he did not intend to say that he would exercise no restraint, but what he did in that way was effected by holding the patient, certainly demanding an extraordinary corps of attendants; and my opinion is, that it would irritate and annoy the patients to such an extent as to do them infinitely more harm than any of the modes of mechanical restraint usually employed. I can not consent to any such proposition as the abolition entirely of mechanical restraint. I am satisfied that it would be an act of injustice to the patients themselves.

Dr. BRYANT. I have listened to the paper just read by Dr. Ranney, with both pleasure and profit. As Dr. Hughes has very justly remarked, "almost every case of insanity requires restraint of some sort." The hospital "itself is a powerful restraint." In violent, excitable cases, mechanical restraint is frequently necessary. Sometimes solitary confinement is sufficient, and sometimes medication in the form of hypnotics is preferable; often one or the other form is indispensable, and it may happen that all of these restraints combined may be needed. My opinion on the subject of restraint fully accords with the opinions expressed by those who have preceded me in their remarks.

Dr. SMITH. I believe the subject has been well nigh exhausted. This question has been very freely discussed at previous meetings of this Association, and the result, almost entire uniformity of sentiment, in all well conducted American Institutions for the insane,

"no restraint is the general rule, and restraint the exception; while for many years past the tendency in this country has evidently been to reach the point of least possible restraint, there have been very few, if any converts to the new restraint system in the true sense of the term. I was highly entertained by the Doctors' paper, and think he presented the subject very forcibly, and also the class of cases that require restraint, and doubt not his positions, will be endorsed by every member of this Association.

Before concluding, allow me to make a suggestion in regard to the application of mechanical restraint in the cases indicated in the paper. In my experience, patients who recover from attacks of acute mania, or any form of insanity, attended with paroxysms of intense excitement, more frequently have unpleasant recollections associated with the manner of applying restraint, and coercion in giving medicine, and other purposes, than all other causes combined. To prevent such results, sustain the reputation of our institutions, in short, to discharge our duty to the most unfortunate, and accomplish good on the largest possible scale, I regard it of the first importance that no restraint should ever be applied, nor coercion for any purpose resorted to, unless under the direct supervision of an assistant physician, whenever possible, or a supervisor in whom we have the most implicit confidence. Whenever practicable, I always much prefer one of my assistants to be present. It may be said, this is now the rule in most institutions; my object in alluding to it is, that we may never lose sight of its rigid enforcement. Human nature is too frail to leave these responsible duties to attendants alone, with patience almost exhausted, without the presence of proper restraining influences. We all know there is comparatively a mild manner of applying restraint to patients highly excited, and also an inhuman and barbarous manner. What I insist upon, is pursuing such a course as will enable us to know this unpleasant duty will always be discharged in accordance with the dictates of enlightened humanity.

Dr. GREEN. I stated there were four conditions in which we employed restraints. I mentioned only three. Another is the inveterate masturbator. I have a case in my mind now where life was not only preserved, but restoration of the person's mind secured from total wreck, by proper restraints. The poor creature was run down in mind and body, and utterly indifferent to the presence of any one. If possible, he would perpetrate this act forty times a day. He tottered like a drunken man in walking along the hall. I am sure he was restored to sanity, and that his

restoration was due mainly to restraint. In the cases of females where it was necessary to confine them in their rooms, further restraint was rarely necessary.

Dr. COMPTON. What form of restraint was used in the case of the masturbator?

Dr. GREEN. Nothing more than the mittens and belt.

Dr. RANNEY. In my paper I did not consider the conditions and methods by which we may reduce the employment of mechanical restraint to the minimum, but suggested that, in any discussion that might follow the reading, gentlemen would offer their views upon these points, or give us the results of their experience, and I regret they have not done so more freely.

Unquestionably the imperfect architectural arrangements of our hospitals tends to increase the use of instrumental coercion with us, or make its use more necessary than it otherwise might be. In a suitably arranged hospital upon such a plan, perhaps, as any experienced superintendent might devise, I can see how restraint might become only nominal. But as our hospitals are, it can not so well become so. Few or none of our hospitals have the requisite facilities for treating the different classes of patients, and the different forms of disease we meet with. In some, there are found arrangements of great excellence, that serve a particular purpose; but it seems to me there is no one possessing great excellence as a whole, that may stand as a model to be copied. As a rule we have the inevitable corridor, ranging from moderate to extreme length, almost unbroken, save by monotonous ranges of doors leading into rooms of nearly the same size and appearance, all for the accommodation alike, of the excited and the depressed, the gay and the suicidal, the quiet and cheerful, and the restless and discontented, the noisy and destructive, and the demented and dirty, with so few opportunities for classification, that these different classes and forms can not be properly separated from each other or properly cared for. The most recently built hospitals in the country are not exceptions to this rule, and do not show an altogether creditable advance upon early models, and I suppose this will continue to be the case so long as our recommendations and plans are changed, or modified, or discarded, to suit the notions of some ambitious architect possessing little or no knowledge of such matters. The character and qualifications of our assistants, and especially the attendants who have the immediate charge of our patients during the necessary intervals of several hours between our visits, have much to do with the

question before us. In the average, young men and women who seek employment, and will become attendants for \$25 and \$15 a month, respectively, we can not expect to find very high qualifications, or much more than a passive interest in their work; but with the employment of persons of matured character, and such culture and spirit as will enable them to enter upon the high vocation implied in the care of the insane, with interest, self-denial and zeal, I am sure moral influences will predominate over force, in a greater degree than it is probable they now do. The services of such persons can not be obtained, it is true, without being paid for; but I am sure it will be much better in the end to pay well for faithful and intelligent assistance, and practice greater economy in some other direction. My experience leads me to believe that such an increase in the compensation usually paid the attendants we employ, as will make their position more desirable for continued service will secure to our patients better care and treatment. I have for years been an advocate for an increase of the compensation commonly paid attendants, and feel some satisfaction in the result. It will not only attract persons of higher character and aims, and be attended with a more faithful and co-öperative discharge of duty, but it will secure lengthened service, which is so very desirable, when it is of the proper quality; and I think it would be wise if the Association, generally, would pursue a similar course.

In the application of medical treatment, we may not only do a good deal to promote recovery, but very much to obviate the use of restraint. I do not feel any fear of reproach for putting "chemical restraint upon a nerve cell," and I sometimes use freely, and with considerable success, the agents that have a powerful control over cerebral and motor activity. It should be said, however, that the effects of these agents should be carefully watched. The application of chloral, the bromides, digitalis, ergot, and the old vegetable neurotics, in the control and reduction of mental excitement and turbulence, deserves, perhaps, renewed attention, and I hope members will prosecute research in this interesting field, and report results.

Dr. GREEN. Do I understand the Doctor to say that it would be desirable to have every class of patients separate?

Dr. RANNEY. Not precisely that; what I desired to be understood to say, was that, with better arranged hospitals, affording better means for classification, and better facilities for treating the different classes of patients, and forms of insanity, we would be

able to reduce the use of mechanical restraint to the minimum. Certainly we do not need the same architectural design for treating the mild and harmless, that we do for treating the noisy and violent, or the demented and dirty.

Dr. GREEN. Exactly. My observation has been that the putting of the melancholy patients among the cheerful and noisy, is the best I can do for them.

Dr. RANNEY. I do not mean that a rigid classification between the melancholy and noisy patients is absolutely necessary, though I do not think the melancholy bear noise very well, but that special provisions may be made for different forms of mental disorder, which will lessen existing defects. I will instance the McLean Asylum, where there are three separate buildings for each sex, affording facilities for taking care of different classes and forms, an arrangement, I think, many will agree, has some decided advantages.

Dr. GREEN. I believe in the views of the gentleman in regard to attendants, but suppose some of the Board of Trustees insist upon the employment of attendants at cheaper rates.

Dr. RANNEY. No radical change of rates of wages can be brought about at once; but through this Association, an influence can be exerted which may gradually lead to important movements in this direction.

The PRESIDENT. I was sorry to observe, that, in the course of the discussion, some members apparently mistook the purport of the paper. It was not the question of restraint, *per se*, but the question was upon the subject of mechanical, as against manual restraint. I have no doubt that we are essentially a unit upon the question as presented by Dr. Ranney. There has certainly been a vast change in our hospital practice during the past twenty years, since I entered this Association. I believe that in the best conducted hospitals in this country, mechanical restraint has been reduced almost, if not quite, to the minimum. I have no doubt that a better rate of wages will secure a better class of attendants, and that this, with the better construction of our hospitals, will enable us to reduce restraint, whether mechanical, or manual, quite to the minimum.

I suppose if anything has been settled to the satisfaction of the members of this Association, it is that, in this country, our patients, by original temperament, or by some inherent quality in the universal Yankee, will not submit to the control of any person they consider their equal or inferior, as readily as to that of me-

chanical appliances. I was gratified when visiting the institutions in England, the few I did visit, to find that almost universally,—certainly in four-fifths of the cases,—the Superintendents expressed themselves in favor of mechanical restraint, and singularly enough, the Superintendents lay the blame of non-restraint upon the Commissioners in Lunacy, and the Commissioners in Lunacy throw it back upon the Superintendents. They say the Superintendents are emulous, one of another, to report the smallest number of restraints during the year. Certainly in my presence, and that of an American medical friend accompanying me, almost without exception, they expressed their preference for mechanical restraint, and hoped they would have it established there.

From an experience of over twenty years, and from a careful, and I hope by no means superficial study of this question, I firmly believe, that, in the future, the practice of our best American asylums now, will become the governing rule of Christendom.

Dr. RODMAN. Did you visit Conolly's Asylum?

The PRESIDENT. I did.

Dr. RODMAN. What is the practice now?

The PRESIDENT. That was the only Hospital that I visited where I found any difference at all as to mechanical restraint. There they were using, so far as I observed, the attendants' hands and the closed room.

Dr. RODMAN. If the change begins there, and ends there, it certainly must be apparent to every member of this Association, that the days of non-restraint have died out.

The PRESIDENT. They told me that the adoption of non-restraint was not due to Dr. Conolly at all, but through the Superintendent of the female department, a modest and retiring man, who attempted to abolish mechanical restraint, and succeeded. Seeing the result in his hands, Dr. Conolly adopted it and became its champion and high priest.

Dr. RODMAN. Dr. Conolly has the credit as the apostle of non-restraint.

The PRESIDENT. Not only the apostle of non-restraint, but the apostle of humanity too.

An invitation was received from General Penny-packer, U. S. Commandant at this place, to visit the U. S. Barracks, which was, on motion, accepted, and referred to the Committee on Business.

On motion, the Association adjourned to 10 A. M., Wednesday, May, 20th.

The Association spent the evening, socially, at the residence of Dr. T. A. Atchison, President of the Board of Trustees of the Tennessee Hospital for the Insane.

MAY, 20, 1874.

The Association was called to order at 10 A. M., by the Vice President.

The minutes of the proceedings of yesterday were read and approved.

The Secretary read invitations from Dr. Wm. M. Wright, Superintendent of the State Prison, and Mr. S. T. Caldwell, Superintendent of Common Schools, to visit the Institutions under their charge, which were accepted, and referred to the Committee on Business.

The Secretary also read a communication from Dr. Wm. B. Hazard, relative to the St. Louis County Lunatic Asylum.

The Committee to audit the Treasurer's accounts reported that they had attended to that duty, and found the accounts correctly cast, and properly vouched. The receipts from the payment of membership dues and the sale of publications have been four hundred and sixty-two and ninety-five hundredths dollars, (\$462,95,) and the expenses of printing, reporting and postage, have been four hundred and twenty-five and seventy-five hundredths dollars, (\$425,75,) leaving in the hands of the Treasurer thirty-seven and twenty hundredths dollars. The Committee recommend that the membership fee for the present year be five dollars.

MARK RANNEY, Chairman.

The Committee on the time and place of next meeting asked an expression of the opinion of the members

of the Association, in regard to the place of next meeting, and, after discussion, an informal vote was taken, and California was declared to be the choice of the Association.

The President read from a letter of Dr. John S. Butler, expressing his regret at being unable to attend this meeting, and his kind and warm interest in the welfare of the Association. The Secretary read a biographical sketch of Dr. Charles E. Van Anden, prepared by Dr. James W. Wilkie.

Dr. Charles E. Van Anden was born in Auburn, N. Y., January 9, 1819, and with a few brief absences spent his whole life there. He was the son of one of the earliest settlers and most respected citizens of Auburn. He entered Union College in 1835, and held during his entire college course, a highly respectable position in his classes, graduating August 9, 1839. He there laid the foundation of those refined and scholarly tastes which characterized his later years, and which were so well known and appreciated by his more intimate friends. After leaving college, he spent some time as a private tutor in the city of New York, and later as a student of theology, with the late Dr. Croswell, then of Auburn. As a student of theology he won the love and esteem of that distinguished and warm hearted divine. For reasons quite satisfactory to himself, he gave up the study of theology and became a student of medicine, in the office of Dr. Lansing Briggs, of Auburn, and received the degree of Doctor of Medicine, at the Buffalo University, in 1850, having previously attended two courses of lectures at the Geneva Medical College.

He then opened an office for the practice of his profession in Auburn, and early attracted the attention of Dr. Joseph T. Pitney, then in extensive practice as a surgeon, and won from him his highest esteem professionally, as well as his warmest personal regards. Dr. Pitney's love and appreciation of him continued through life.

In 1852 Dr. Van Anden was called to take charge of the Cholera Hospital at Buffalo, at a time when that terrible malady was making great havoc in that city. After consulting with his friends in Auburn, he came to the conclusion that it was a call of duty, and unhesitatingly entered into the midst of the pestilence, and by

his calm and dignified Christian deportment, and the wise exercise of his skill as a physician, won the esteem and approbation of all with whom he came in contact.

In 1857 he was appointed Physician to the Auburn State Prison, and in 1859 was appointed Assistant to Dr. Edward Hall, then Superintendent of the State Lunatic Asylum for insane convicts at Auburn, and on Dr. Hall's retirement in 1862, succeeded him to that responsible position. This position he held until 1870, eight years. Since that time Dr. Van Anden devoted his attention to the practice of his profession in Auburn. Modest, sensitive, and distrustful of his own abilities, he lacked that energy of purpose, and those aggressive qualities so requisite to success. Hence the self-advertised quack, pushing his own claims, was quite likely to outstrip him in the race for popular favor. But a work placed in his hands was performed with the greatest intelligence and fidelity.

In his manners he was dignified, but courteous, his affability and kindness winning the hearts of those with whom he was most intimate. In general knowledge, in sound judgment, in all the graces of refinement and scholarly cultivation, Dr. Van Anden excelled. In private life, of the greatest purity of character, he maintained a spotless reputation as a public officer. He died a poor, but honest man.

In these times of defalcation and betrayal of trust, it is refreshing to be able to point to one professional brother, and say, "He was faithful."

His economy in the management of the financial affairs of the Asylum often savored strongly of parsimony. As his successor, I found much embarrassment, with a sense of duty to the inmates, in keeping the expenses of the Asylum within the limits of former expenditures. At the time of his death Dr. Van Anden was a member of the New York State Medical Society, and of the Medical Society of Cayuga County, in which he lived.

His death occurred October 19, 1873, and was the result of a peculiar and distressing accident. Eight days previously, as he was about to retire for the night, he unconsciously drew into the œsophagus a rubber plate of triangular form, about an inch in diameter, to which was attached a single false tooth. After making several unsuccessful attempts to remove it with the œsophagus forceps, he applied to his former preceptor, Dr. Briggs, who also failed to detect its location with the forceps and remove it; the next morning he introduced a probang, and supposed he had dislodged and pushed it forward into the stomach. Violent inflam-

of the Association, in regard to the place of next meeting, and, after discussion, an informal vote was taken, and California was declared to be the choice of the Association.

The President read from a letter of Dr. John S. Butler, expressing his regret at being unable to attend this meeting, and his kind and warm interest in the welfare of the Association. The Secretary read a biographical sketch of Dr. Charles E. Van Anden, prepared by Dr. James W. Wilkie.

Dr. Charles E. Van Anden was born in Auburn, N. Y., January 9, 1819, and with a few brief absences spent his whole life there. He was the son of one of the earliest settlers and most respected citizens of Auburn. He entered Union College in 1835, and held during his entire college course, a highly respectable position in his class, graduating August 9, 1839. He there laid the foundation of those refined and scholarly tastes which characterized his later years, and which were so well known and appreciated by his more intimate friends. After leaving college, he spent some time as a private tutor in the city of New York, and later as a student of theology, with the late Dr. Croswell, then of Auburn. As a student of theology he won the love and esteem of that distinguished and warm hearted divine. For reasons quite satisfactory to himself, he gave up the study of theology and became a student of medicine, in the office of Dr. Lansing Briggs, of Auburn, and received the degree of Doctor of Medicine, at the Buffalo University, in 1850, having previously attended two courses of lectures at the Geneva Medical College.

He then opened an office for the practice of his profession in Auburn, and early attracted the attention of Dr. Joseph T. Pitney, then in extensive practice as a surgeon, and won from him his highest esteem professionally, as well as his warmest personal regards. Dr. Pitney's love and appreciation of him continued through life.

In 1852 Dr. Van Anden was called to take charge of the Cholera Hospital at Buffalo, at a time when that terrible malady was making great havoc in that city. After consulting with his friends in Auburn, he came to the conclusion that it was a call of duty, and unhesitatingly entered into the midst of the pestilence, and by

his calm and dignified Christian deportment, and the wise exercise of his skill as a physician, won the esteem and approbation of all with whom he came in contact.

In 1857 he was appointed Physician to the Auburn State Prison, and in 1859 was appointed Assistant to Dr. Edward Hall, then Superintendent of the State Lunatic Asylum for insane convicts at Auburn, and on Dr. Hall's retirement in 1862, succeeded him to that responsible position. This position he held until 1870, eight years. Since that time Dr. Van Anden devoted his attention to the practice of his profession in Auburn. Modest, sensitive, and distrustful of his own abilities, he lacked that energy of purpose, and those aggressive qualities so requisite to success. Hence the self-advertised quack, pushing his own claims, was quite likely to outstrip him in the race for popular favor. But a work placed in his hands was performed with the greatest intelligence and fidelity.

In his manners he was dignified, but courteous, his affability and kindness winning the hearts of those with whom he was most intimate. In general knowledge, in sound judgment, in all the graces of refinement and scholarly cultivation, Dr. Van Anden excelled. In private life, of the greatest purity of character, he maintained a spotless reputation as a public officer. He died a poor, but honest man.

In these times of defalcation and betrayal of trust, it is refreshing to be able to point to one professional brother, and say, "He was faithful."

His economy in the management of the financial affairs of the Asylum often savored strongly of parsimony. As his successor, I found much embarrassment, with a sense of duty to the inmates, in keeping the expenses of the Asylum within the limits of former expenditures. At the time of his death Dr. Van Anden was a member of the New York State Medical Society, and of the Medical Society of Cayuga County, in which he lived.

His death occurred October 19, 1873, and was the result of a peculiar and distressing accident. Eight days previously, as he was about to retire for the night, he unconsciously drew into the œsophagus a rubber plate of triangular form, about an inch in diameter, to which was attached a single false tooth. After making several unsuccessful attempts to remove it with the œsophagus forceps, he applied to his former preceptor, Dr. Briggs, who also failed to detect its location with the forceps and remove it; the next morning he introduced a probang, and supposed he had dislodged and pushed it forward into the stomach. Violent inflam-

mation supervened, with swelling, and inability to swallow. Dr. E. M. Moore, of Rochester, visited the patient on the fourth day, when the inflammation and swelling were so great, that he deemed an exploration of the œsophagus impracticable. His strength was sustained by injections of beef tea, &c., until the eighth day, when profuse hæmorrhage took place, from which he sank and died.

An autopsy revealed the plate concealed just within the œsophagus, a sharp angle of which had made an incision about one half an inch in length through its posterior wall. Near the base of the right lung was a gangrenous mass, involving to a considerable extent the tissues of the lung itself, and which was the seat of hæmorrhage. In attempting to swallow, liquid aliment was forced through the aperture in the œsophagus, which infiltrated itself through the cellular tissue, and gravitating to the point mentioned, had excited inflammation, that resulted in gangrene and death.

Dr. SHEW. I would like to add simply a word to what Dr. Wilkie has said respecting Dr. Van Anden, with whom I was associated for a period of eighteen months. My first professional service was at Auburn, as an assistant to Dr. Van Anden, and when I look back upon those enthusiastic early professional experiences, it is natural that I should have a feeling of sadness when I think that he is gone. It was his scholarly and friendly assistance, advice and direction, which added very much to my happiness and progress in this specialty.

Dr. Van Anden was in many respects a very peculiar man, but he was genial, friendly, conscientious, and always earnest in his labors in this specialty. Those who knew him simply as a casual acquaintance, could not draw aside the veil of quiet dignity which always seemed to hang around him, and see the wealth of real friendship and genuine manliness which was hidden beneath. With a more decided will, with the energy which many other men possess, he would undoubtedly have stood very high in the profession generally, and among the foremost in our specialty; but, as Dr. Wilkie has said in his paper, there was a decided lack of energy, with a love for ease, which unfitted him to be successful as a general practitioner, or to make decided progress in his specialty, particularly in the position which he occupied, where political influences, and considerations of economy had control.

I have in my possession a photograph of Dr. Van Anden, perhaps the only one in the hands of the members of the Association, and it might be interesting to you and to others to see his pleasant face.

The PRESIDENT. It is the custom of all Associations to appoint a Committee to draft resolutions expressive of the sense of the body. Is it the pleasure of the Association that it be done in this case.

On motion it was resolved that such a Committee be appointed.

The President appointed Dr. Shew on the Committee, who subsequently offered the following resolutions:

Resolved, That the Association has received the announcement of the death of Dr. Charles E. Van Anden, formerly Superintendent of the Asylum for Insane Criminals at Auburn, N. Y., and for many years a distinguished member of this Association, with the deepest concern.

Resolved, That apart from high professional reputation, always enjoyed by Dr. Van Anden, both as a practitioner of medicine, and Superintendent of the Asylum, his excellent private character, his many Christian virtues, his uniform courtesy and honorable intercourse with his fellows, have endeared him to the members of this Association, as well as to a large circle of private friends.

Resolved, That while the Association deeply sympathize with his family in their bereavement, they, with all his other friends, feel confident that when time has softened the sadness of parting, the memory of his life will be an enduring source of comfort and pleasure to those from whom he has been taken away.

Resolved, That a copy of these resolutions be presented to the family of our late associate, signed by the officers of the Association.

Dr. Hughes then read a paper on the "Psychical and the Physical."

Dr. GREEN. I have been very much interested in the paper of Dr. Hughes, and am grateful to him for his contribution, but I do not feel like making any special comments upon it.

Dr. COMPTON. It would be impossible for me to discuss the merits or demerits of the paper just read by Dr. Hughes, without sacrificing more brain cells than I can very well dispense with just now. I can only compliment him on its production, I am sure it must have required a great deal of laborious thinking on his part, and such papers, whether we entirely agree with them or not, are

creditable to the Association. It is no small matter to engage in intellectual combat with such scientists, as Spencer, Tyndall and others, and I sincerely congratulate Dr. Hughes upon his gallant endeavor.

Dr. WALLACE. (Texas.) A new member of this body, I beg to be permitted to inquire what disposition it is proposed to make of this paper, I mean, is it to go to the publishing committee, and, if published, to be considered as reflecting the views, and as having received the endorsement of this body. It is no part of my purpose, as it is not in my power, to attempt to go over the ground occupied by the paper. I do not wish to discuss the merits of the positions assumed, but simply to submit, that if it is the purpose to publish the paper, with the endorsement of the Association, I dissent from it, *toto cælo*. I do not think such papers ought to go forth with the *imprimatur* of the Association.

The PRESIDENT. The paper is in the hands of the author, and does not necessarily carry with it, if published, the endorsement of the Association.

Dr. STEVENS. I do not propose to discuss the paper at all. I believe I understand the views as presented by my friend, Dr. Hughes, and I think they are in accordance with the popular sentiment of the day, that is, that behind all matter, outside of all matter, there is an immaterial something called mind. This he maintains as a leading idea, and I do not pretend to deny it, or to say that the doctrine is objectionable. I do not see that it would injure or harm the good name of this Association to endorse the sentiments presented, though it is well understood that the Association is not responsible for the sentiments of any one. That the paper expresses my opinion I will not now state, in fact, I must say, that my opinions on these subjects are not well enough defined to allow me to designate them by a name.

I have always made it a rule to adopt that which comes to me with the greatest amount of evidence. In truth, it is almost an axiom that we must form opinions on all subjects, just in accordance with the amount, or the nature of evidence presented to the mind. So far then as I am able to examine these propositions by the light of science, it appears to me that mind is not only dependent upon matter for its manifestations, but appears, as Maudsley's reasoning impresses me, to be a function of matter, possibly in some sense, a secretion of matter. It is easier for me to conceive of the eternity of material organization upon which mind shall depend, than to conceive of the existence of mind independent of organization.

Dr. WALLACE. Does Maudsley say that mind is a secretion of matter?

Dr. STEVENS. I do not say that he does, but I have in memory what he says in regard to the attenuation of matter, its transformations and metamorphoses, and corresponding with these changes in form, the changes in modes of force. We know that in muscular action there is a disintegration,—a combustion of tissue, a physical and chemical change; in the brain there is the same process, corresponding in degree with the amount of mental activity, or with the energy, or intensity of action. Our physiologists teach us that these little brains, called ganglia, belonging to the system of organic life, the sympathetic system found on each side of the spinal column, are magazines for storing up nerve force, and that by some action of the nerve cells in accordance with their organization, this force becomes active in those functions designated as excito-motor, reflex, and so on. This chain of ganglia constitutes the quaternary center, as represented by Maudsley. Do we not find in reflex action, or in excito-motor action, something so nearly akin to mental action or intellection, that we know not where to draw lines of demarkation? I hope we may hear from others, who have given these questions more attention than I have, their views in regard to this truly elaborate and interesting essay.

Dr. HUGHES. I would like to hear the objections of the gentleman from Texas, to the paper. I do not know that I have made myself clear on the subject.

Dr. WALLACE. I beg to say that my objections are not based upon the positions assumed especially, but upon the idea of spreading upon our minutes, and embodying in our proceedings such recondite, obscure abstractions, about which there is, as there must ever be, at least, until our methods of investigation shall approximate more nearly in subtlety of research, the subtlety of the subject to which they are applied, such diversity of opinion; so that it occurs to me to be out of place, to publish matter as setting forth the views of a body of men in regard to which probably no two entertain precisely the same opinions.

The PRESIDENT. It has never been the practice of this Association to endorse any of the opinions elaborated in any of the papers presented, of this character.

Dr. WALLACE. The same matter substantially came up last year, in the American Medical Association, in connection with which Dr. Bell, of New York, observed, that papers, published as part of the proceedings of a body, carry with them, to the general

reader at least, the idea that they received the endorsement of such body, in which views I entirely concur, and it is this I would avoid.

The PRESIDENT. I have nothing to say on this able paper, except to express, for the Association, thanks to Dr. Hughes for the effort he has made for our enlightenment and pleasure.

I see no difficulty myself, in regarding mind as the result of the disintegration of matter, as a brain force, if you consider it as material merely, and not as the immaterial and immortal part of us which must survive forever. I do not know that there is any meaning in it at all; but the Commandment, it seems to me, comprehends and expresses the whole, drawing a distinction between mere mind and the soul; and in this view of it I never have any difficulty on the subject, "Thou shalt love the Lord thy God with all thy heart, and with all thy *soul*, and with all thy *mind*."

Dr. COMPTON. Before the paper is disposed of, since the impropriety of its publication has been suggested, I desire to express the hope that it *will* be published, and that it will appear in our JOURNAL OF INSANITY, as papers usually do. I do not know by what rule, or how they get there; I know this, however, that papers read before this Association, are frequently published in the JOURNAL. We have no Committee on Publication, I believe, and I presume it is a question with the author and the editor. I repeat, that for one, I would be glad to see it in print, inasmuch as the Doctor thought proper not to read the whole of it.

Dr. HUGHES. I have read the last of it.

Dr. COMPTON. I am sure that some of us might engage in its perusal, with profit. In the absence of a sermon, it would make admirable Sunday reading.

The PRESIDENT. There seems to be some difficulty as to the disposition of papers. It has been the custom of the Association never to assume the control of them at all. The member who presents one here, has it and controls it. He can publish, if he pleases. When he presents it here, he has, in no jot or tittle, given up his right of possession in it.

Dr. WALLACE. With this understanding, I withdraw my objections, and have only to add, that what I have said had its origin in ignorance, a thing that is not unfrequent in this world.

Dr. HUGHES. Mr. President: This subject is an extensive one, and I feel that I have not done justice to it, and, perhaps, have not made myself understood. The paper has grown out of the able productions of Herbert Spencer, Maudsley, Bain, Tuke, and other

writers in the field of psycho-physiology. My mind was, for a long time, in confusion relative to the psychical and the physical in man's nature. So many facts have accumulated of late years, that it will not do for us to entrench ourselves behind the teachings of the past, and deny that mental manifestation is always accompanied with cerebral disintegration. Maudsley is the clearest and most satisfactory writer of the age upon psycho-physical phenomena, and he comes nearer getting to the actual physical dwelling place of thought and mental action, than any other writer in any age of the world.

We can not tell precisely where thought ends, and disintegration begins; but we do know that when we discover one, we find the other.

The only open question is, whether cerebral disintegration is the precedent, the consequent or the accompaniment of mental action. It is probably all the three; exciting mental action, resulting from mental impression, and always accompanying mental manifestation.

I subscribe to all the facts taught by Maudsley, and in the paper I freely quote his phraseology.

Cerebral disintegration is as much a condition of mental manifestation, as muscular decay is of muscular contraction. As physicians, we are in certain sense materialists; science in all its conclusions is necessarily material. It deals with tangible objects, with matter and material forces. It investigates and examines through the material senses, and with material agencies. When we look into the mind of man, we can discover nothing, except through his physical organism. What we call his mentability is the immaterial sum of so much disintegration. When we use mental influences to bear upon the insane mind, we employ them to regulate the abnormal and irregular cerebral disintegration, and so we use our remedies which we select from the *materia medica*.

When the cerebral disintegration is normal, the mind manifests itself rationally. Our improved therapeutics consists in controlling this disintegration; for this reason sleep is induced and tranquilizing agents are employed. We treat insanity most scientifically and successfully, when we manage it on the principle that it is irregular and abnormal cerebral disintegration, and control it by these agencies, which, acting directly upon the cerebrum, or indirectly upon it through the general system, tranquilize and restrain the brain. "A concourse of sweet sounds," a hypnotic draught, or any of the so-called material or immaterial agents, which we are accustomed successfully to employ in this disease, may fulfill the same indications.

The President announced that the next business in order, was the reading of the "Continuation of the History of the Association," by Dr. Curwen.

Dr. CURWEN. I have embraced the opportunity, during the past winter, of bringing the history of the Association down to the present meeting, and I have also connected with it a continuation of the changes made in the different hospitals for the insane in this country.

Members will please note that it contains the names of the members present, and the principal items of interest which were transacted, at each meeting of the Association. If any errors have crept in, members will please so state as soon as they notice them.

Dr. Curwen then read the history, which will be published in pamphlet form at an early day, embracing the whole history from the commencement of the Association down to and including the present meeting.

After reading a part, the further reading was postponed for the present.

The Secretary announced that the order of business for this afternoon, would be to call on, and to pay their respects to the Governor of the State at 3 P. M., and examine the capitol of the Commonwealth; and at 5 P. M. call in a body and pay their respects to Mrs. James K. Polk; and hold a session this evening.

On motion, the Association adjourned.

The Association was called to order at 8 P. M., by the Vice-president.

Communications were read from Drs. Kirkbride and Ray, expressing their interest in the Association, and regretting their inability to be present.

The committee to which was referred the selection of the next place of meeting, reported in favor of Stockton, California, and the time, the third Tuesday of May, 1875, which was unanimously adopted.

The secretary reported from the Committee on Business, the order of proceedings for Thursday and Friday.

On Thursday, have a session in the morning, until twelve o'clock; then the Association will proceed, under the conduct of Dr. Callender, to the Hospital, returning to the city so as to hold a session in the evening.

On Friday, have a session, and adjourn in time to visit the residence of Dr. Cheatham, at 11 A. M. Visit the U. S. Barracks, under the charge of General Penny-packer, at 5 P. M., and hold a session in the evening.

After some discussion on the report of the Committee, the Association listened to some remarks by Dr. Curwen, on the "peculiar manifestations of insanity in families, and on the causes of the difference in mental development in different members of the same family, and also on the prevention of insanity."

In illustration of the remarks made by Dr. Curwen, he cited a large number of cases, from the records of the Hospital, under his charge, of insanity in families, under four different heads.

1. Parents and children.
2. Brothers and sisters.
3. Collateral branches.
4. Man and wife.

Under the first head, after calling attention to a number of cases, where the insanity of the children was clearly traceable to the parents, several cases were cited in which the insanity was first developed in the children, and after a varying interval, in one case twenty years, it appeared in the parent. In three of these cases, the insanity appeared in the son, and afterwards in the mother, and the type of the disease was very similar in both.

In the case of brothers and sisters, a large number of cases were cited of the development of insanity in brothers or in sisters, or in both brothers and sisters,

with some remarks on the peculiarity of the resemblances or differences in the members of the same families. Under the head of the collateral branches, many cases were referred to the peculiar characters of the insanity, as developed in the different branches of the same family, and also in several cases reaching through several generations in near or remote connections.

Two cases were cited of the occurrence of insanity, in one of which the insanity of the wife was caused by the care and anxiety for the husband, and in the other where the trouble, consequent on the insanity of the wife, gave rise to an attack of violent mania in the husband. In both these cases of sympathetic insanity, the form of the disease was acute mania, and they soon recovered.

Remarks were made on the differences in the mental constitution of members of the same family, and the opinion was expressed that these differences might be traced to some peculiarity in the mental or bodily condition of the parents, at the time of conception, or to some change which might take place in the system of the mother during gestation. It is known that many cases of idiots may be traced to intemperate habits in one or both parents.

The following case was cited as illustrative of the effects of ill health, in the mother, during gestation, taken from the *Edinburg Quarterly Journal*:

"The parents of S. S. are people in a very respectable position in life. They have a family of twelve children. Neither of the parents themselves, nor any of their relatives, nor any of their children, with the exception of this girl, have ever shown any symptoms of mental disorder.

While the mother was pregnant with this child, she suffered from a severe attack of Asiatic cholera, from which she barely escaped with her life. During this time she showed some symptoms of mental disorder. She entirely recovered her former health, both

of body and mind, after her confinement. The child S. S., with whom she was pregnant, while in this state of ill health, has from birth been quite different from the rest of the family. The girl's bodily health has been good, but her moral sense deficient. As a child she was difficult to manage. On reaching the age of puberty she displayed want of control over her sexual propensities. She consorted shamelessly with the male sex, and was the mother of an illegitimate child at the age of fifteen. She refused to say who was the father of the child. Her character seems, indeed, bad throughout. She would not engage in any useful occupation. She avowed her hatred of her family; as her father well expressed it, 'her conduct, after the birth of her child, was perfectly unbearable, and her language was anything but dutiful and daughter-like.' She used foul language to her father and mother, threatened to kill her sister and commit suicide."

References were also made to the different manifestations of nervous disease in different branches of the same family, especially in one, insanity, in another, &c.

The remarks on the prevention of insanity, referred to the necessity of physicians inculcating on all those whom they might be called on to treat, or advise, of the necessity of strict adherence to the principles of mental and physical hygiene, and the proper development of the mental powers in those inheriting an insane temperament, by careful training and education, more especially with reference to the proper development of the bodily system, particularly in securing regularity of habits, ample and regular sleep, and the avoidance of every thing which could have a tendency to undermine the general bodily health.

Especial care would be needed to have the mental powers properly trained, and the moral should be carefully and sedulously cultivated with the intellectual, and more attention given to securing a good, sound, mental condition, than the development of any one particular peculiarity in the individual's mental constitution, or the cultivation of one class of powers in preference to the other.

Dr. EASTMAN. One or two interesting cases I have known, occurred to my mind while Dr. Curwen was speaking. A lady, residing at Washington, was the mother of a large family, was insane at the birth of the first child, and never entirely well thereafter. She was at different times an inmate of the several hospitals for the insane. I think insanity had shown itself in her ancestors. The children grew up dutiful and capable. The young men learned trades, and were steady and industrious. About the year 1866, the oldest child, a young man of twenty or twenty-one, was brought to the Hospital with acute mania, and died in a few weeks. In about two years the second child, then a young man of about the same age as the first at his death, died at the Hospital, a few days after admission, of typho-mania. In about two years more, the third son, having for a few days shown some symptoms of mental derangement, committed suicide. It will be interesting to follow the histories of the remaining children.

There were simultaneously committed to the Worcester Hospital, a few months ago, a mother and two daughters, who had been keeping house together. They belong to a family with insane tendencies. It appears that one of the daughters, who had the strongest mind of the three, first became insane, and adopted some peculiar views regarding her identity, and the other sister and mother seem to have been led by sympathy to adopt the same views. When they came to the Hospital they all entertained the same very peculiar delusions.

A unique case of a husband and wife being affected with general paralysis, has come under my notice. In June, 1872, a gentleman was admitted who had been affected with this disease about six months, and who is now dead. The first time his wife came to visit him, which was soon after admission, it was plainly evident she was affected with the same disease. She is now in a Hospital in a neighboring State, and probably will not live six months. They had a son of about eighteen or twenty years of age, and a daughter of about ten, of whom I mean to keep watch, if possible. I have under my care a case of a lad, about seventeen years of age, in which the mental condition of his mother before his birth, seems to have stamped, in a peculiar manner, the general character and the peculiar insane manifestations of the offspring, and is somewhat similar to the case Dr. Curwen mentioned. For two years before the boy was born, his mother was in a peculiar condition of religious distraction of mind, it could hardly be called insanity. About the time of his birth these feelings disappeared. This boy

has always been peculiar and different from all his older brothers and sisters. He has, almost from childhood, had a fondness for abstruse theological questions. Within a year or two he has attempted to take the lives of several persons, under the influence of the idea that, inasmuch as by the teachings of the Bible, we should prevent all the suffering we can, and inasmuch as of those who are born, a large portion are to be doomed to eternal punishment, it is right to prevent the birth of children by taking the lives of those likely to become parents.

Dr. RANNEY. In the course of my professional experience, I have met with several instances where insanity in children has been developed, prior to insanity in one of the parents. The hereditary element in such cases no one can overlook, or it may be a constitutional "instability of nervous elements," from disregard or violation of organic laws, now first breaking out into overt disease. In a few instances, also, I have observed marked peculiarities distinguishing one or more members of a family of children from others, in such a way as to suggest some hereditary or strong maternal influence, with co-existing nervous disorder, or, perhaps, a mild, but well-enough pronounced melancholia in the mother. In such cases, it is needless to say, any fault of training, or adverse influence, is exceedingly liable to be followed by insanity. It seems probable that hereditary influences become intensified in succeeding generations, and thus afford an explanation of a hereditary influence operating to give rise to insanity in children, in some instances at an earlier period than in the parents.

Esquirol says, "sometimes it is to the maternal womb that we are to look for the first cause of insanity," and remarks that many mothers who were pregnant, during the various periods of the French revolution, became mothers of children who were peculiarly liable to become insane, through the influence of slight moral or physical causes.

Dr. Combe and Dr. Morel also have recorded instances in which fright, or some moral shock to the mother during pregnancy, has been followed by insanity in the offspring, in such a way as to show a striking relation between cause and effect; and Dr. Maudsley gives prominence to "baneful influences during uterine life," as among the causes of insanity in early life. Instances have come to my notice, of insanity in the child of an intemperate parent, followed by incurable insanity in that parent at some subsequent period.

The subject of maternal influences upon offspring, so often overlooked or forgotten, and hard to be recalled, is an interesting one,

deserving of much careful inquiry; and it seems most probable, that careful inquiry will establish a more wide-reaching and deeper effect upon the race, than has heretofore been supposed to exist.

I have noticed the same marked resemblance Dr. Curwen speaks of, in the general characteristics of mental derangement in individuals of the same family, or different branches and successive generations of the same family—melancholia, for instance, and a suicidal tendency in at least three generations,—in one of which the father, in the second generation, committed suicide, two or three years subsequent to the suicide of his son of the third generation.

Dr. EVERTS. I presume that the records of every hospital for the insane, as well as the observation of every medical man, who has given much attention to the subject, would confirm or supplement the facts stated by Dr. Curwen.

No one interested can have failed to notice the marked depravity of organization which characterizes the insane of our hospital wards. I have come to believe that there is an organic proclivity in a large majority of cases of insanity. Whether this proclivity is the result of ancestral perversity, or an arrest of development of the individual after birth, by any of the deteriorating influences to which multitudes of children are subjected, may be sometimes difficult to determine. It is not necessary to establish the fact of insanity (as understood by the community,) of ancestors, to account for, or trace to its origin this heredity of organization; as it may have manifested itself in the ancestor, in some of the many related exhibitions of defective or depraved organization, such as apoplexy, epilepsy, hysteria, neuralgia, eccentricities of disposition, talipes, strabismus, stammering, &c., &c., with which we are all familiar; besides the indefinite, often unrecognized degree of imbecility between idiocy and ordinary intellectual capacity.

But we have *facts* enough on this subject. The question with us is, or should be, what remedy? It is unfortunate, (and yet not wise to say "unfortunate" with vision so limited as ours must be,) that civilization develops, or cherishes the elements of its own deterioration, and perhaps its final arrest through a deterioration of the race.

I believe in the doctrine of evolution and natural selection. Civilization, instead of aiding nature in her tendency to select the better and neglect the inferior, outrages the law to the last degree, by protecting and perpetuating organic depravity, which, uncherished would, by and by, disappear. Science, religion, love, all the higher

sentiments of our developed minds are put into active service, with a view to succor, protect, and prolong the existence of weakness, imbecility, and organic depravities of every grade and nature. We call this humanity, charity, benevolence. Worse than this, we permit all classes and grades of being in the human form, to marry and reproduce their various deformities. We fail even to inflict capital punishment upon criminals, (whose crimes are incident to perverted organization, more frequently than otherwise,) an auxiliary by which, in times past, nature may have received material aid in her process of "selection,"—so that it becomes a very difficult problem of social science, how to arrest this stream of organic depravity which threatens more and more the race. The briefest way, perhaps, would be to say to the woman, "Get thee to a nunnery," and castrate the man.

Dr. STEVENS. It may be remembered by members of the Association who were present at the meeting in Madison, that I narrated the case of Joseph Fore, a young man who had murdered his mother-in-law, by the name of Beach. Fore had lived in Shelby county, Kentucky. His father was a very singular character, and was thought to be insane by his neighbors, or at least a very singular and eccentric man, so peculiar in all his ways, that his friends had to put up with a great deal, in associating with him. A witness who knew the family, stated that he believed the father insane. He also stated that he had a brother who was insane, and an inmate of the Asylum at Washington. Dr. Nichols said that Fore had a relative now in the Asylum under his care.

Dr. RODMAN. The man who was said to be a near relative, is a very remote relation, not nearer than a third cousin.

Dr. STEVENS. I think he said an uncle.

Dr. RODMAN. About the third or fourth cousin, nothing nearer.

Dr. STEVENS. That man is in the Asylum at Washington. You remember that I read an article in a newspaper, predicting that Joseph Fore would kill himself, or some other person. Since that time he has tried to kill his wife, was tried for the crime, and is now sentenced to the Missouri Penitentiary for ten years. He has not yet been removed to the State Asylum. I mentioned this as an instance of pre-disposition to insanity, or rather as one in which there existed the insane neurosis. I testified that I believed him insane, and others testified differently. I had charge in the Asylum at one time, of two sisters, who were insane. Their parents were very ordinary people, but their daughters were well educated. The two daughters went into a shop, one became insane, appar-

ently from over-work, the other from sympathy with the sister. The first case recovered, the other is still in the Asylum. I know of another case in the Asylum somewhat similiar to the one spoken of, a man and his wife, one in one ward, and another in another ward; both are cases of acute mania.

Dr. RODMAN. The eccentricities of the father of young Fore were not decided by any means. He was quick tempered, giving away occasionally to fits of passion, but not more frequently than hundreds, that one, in this country, constantly meets who are never thought insane, nor is there reason for supposing them so. He was temperate in his habits, managed a large business successfully, was esteemed a good citizen. I do not regard the principal witness who testified in the trial of this young man, for the killing of Beach, as sufficiently well informed in matters involving the question of unsound mind, to make his statements or opinions in any way valuable. He lived in the neighborhood of the family of Fore, and knew them, it is true, but I think his assertions of hereditary taint—unconsciously to him, of course, I must say—were colored by a desire to act a kindly part by the son of an old neighbor, and friend. I think that Fore was insane, but that his insanity was hereditary I do not believe. I am familiar with the history of his father, his grandfather, and most of his kindred, upon the paternal side, and knew none to whom he is closely related, who ever gave evidences of unsound mind. His grandfather, a man of unusual good sense, died of apoplectic paralysis, at an advanced age, seventy years or more. Dr. Stevens speaks of a patient who is now, I believe, and has been for some years an inmate of the Government Hospital, for the insane, at Washington, as the uncle of Fore. He is not an uncle, but a cousin in the fourth degree only, and his mental infirmity can be readily accounted for by his habit of constant inebriety for many years before his confinement became necessary. I am by no means as familiar with the circumstances of the killing of Beach, as Dr. Stevens, who has given them special study, and was an expert witness at the subsequent trial; but I know enough to warrant me in saying, that I think that Fore was insane at the time of the homicide, and that his acquittal was the proper sequence of the testimony given at the time; but that his unsoundness was hereditary, I not only doubt, but do not believe. Had the advice given by Dr. Stevens been followed, as most unquestionably it should have been, Fore would not have perpetrated the offense for which he is now serving a term of ten years in the State's Prison, but would have had his proper place

in a hospital for the insane. The case of Fore gave rise to widespread comments; it was one of the celebrated cases in Missouri, and well deserves a thorough discussion by the members of this body, if time allowed.

Dr. LETT. I would like to mention a case which came to the London Asylum, about eighteen months ago. A young man, thirty-five years of age, after having been engaged in a day's chopping in the woods, was suddenly seized with an attack of acute mania, with religious delusions; two days after, his sister became insane, having the same delusions and similar excitement; in a short time, the mother also followed suit. All three became insane within a week, and were admitted to the Asylum, at the same time, the delusions of each, were identical, they were all violent, and refused food.

The mother died from pneumonia in a few days after admission, the daughter had a severe attack of erysipelas, which carried her off in a short time, the son recovered in a few months, and has been apparently well ever since. Nothing of the previous history of the father or mother could be ascertained.

Dr. SMITH. I doubt not we have all been highly entertained with the interesting cases given by Dr. Curwen. In every institution of long standing, I suppose, if not parallel cases, those somewhat similar in character have been observed. This has been true in our Institution, members of the same family insane, brothers and sisters. Most of these, however, I think, were clearly hereditary. It is often, as we all know, exceedingly difficult to obtain from friends, a definite and reliable history of our patients, and, as often, a disposition is shown to conceal facts that would indicate hereditary pre-disposition. I have not the least doubt that various causes may so operate upon the mother, during gestation, as to effect her offspring. The observations of the past, I think, have fully established the correctness of this position. The remedy for many of the appalling evils referred to, is the most difficult of application. While Dr. Everts', if carried out, would certainly be successful, I am not prepared to endorse one quite so severe.

As members of this Association, all we can do is to inculcate and diffuse, as far as practicable, correct views upon this subject, and especially in regard to marriage. If, in the discharge of a duty so important, we could prevent many of the lamentable results to which our attention has been directed, would we not truly be benefactors of our race?

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DR. GREEN. I have had some experience with these peculiar subjects, I suppose as others have, in charge of such institutions for any length of time. I have known of numerous instances of brothers and sisters, husband and wife, and father and mother, being brought to the Asylum. I have failed to see anything like that same uniform identity of deportment and delusions, that some of my brethren speak of, as coming under their observation. I am not prepared to say, whether, in these persons, there did exist an hereditary taint, or whether their ancestors, either immediate or remote, had been insane, or in such a condition as to result in insanity to their posterity, for in many cases, people are brought to the Asylum without the party bringing them, knowing much about them. Therefore we are unable to get information as to the case, that is a satisfactory history.

The influence of disease in the mother, upon the child, previous to birth, is very well understood. How far that may operate to the production of insanity in the child, I think is very little understood. As remarked by Dr. Smith, I think all we can do will be to give the best advice possible, in reference to the contraction of marriages between parties, and the proper development of the physical, rather than the mental condition of the child in whom we have any reason to suspect the existence of this liability. I have been in the habit of doing that to some extent in my reports, and I think we should all do that. Put the people on their guard as to the training of children, morally and physically, and I think we have done our duty, and about all we can do.

DR. HUGHES. The cases related by Dr. Curwen are exceedingly interesting. Of course they are prototypes of cases in all our hospitals, cases of insanity manifested in the child, and then in the mother. The Doctor relates a great many of these cases. They are confirmatory of the view expressed by our venerable and able member, Dr. Ray. You all recollect that he takes the responsibility of asserting, in that great work of his upon the Medical Jurisprudence of Insanity, that insanity is usually the product of two generations. Now these cases, where you find insanity occurring in the child, and afterwards in the mother, are not traceable upon the part of the child in question to that mother, but there is what Esquirol denominates "the fatal heritage," existing between both mother and child, and perhaps if we had been accustomed, up to the present time, in our Asylum records, to get complete histories of the families, and after we had been able to do that, to get not only the history of insanity, but those collateral diseases

which result in insanity, and which proceed from insanity, possibly we might be able to establish what Morel observed, that insanity is a neurosis, intimately blended and associated with most all of the neuroses, affecting the cerebro-spinal system.

I believe that we shall yet come to that. I well recollect that Maudsley, in that able work of his, ventures to classify, under the head of insanity, the hereditary insane temperament, the neurosis and nerve irritability, and you recollect how beautifully he expresses the idea,—always happy in the choice of expressions—when he says that an injury once implicating the cells of the brain, leaves an indelible impression, which, like the memory of an old man, may fade and be forgotten, but which never forgets him or his posterity.

The “fatal heritage” spoken of by Esquirol, I presume, will reach down, and I am almost convinced that the cerebral ridges upon the cell, are perceptible, although not so perceptible as small pox ridges upon the skin.

Now to reach the remedy, we pursue it for months and years after every vestige of the disease has passed away, so these facts suggest themselves to me, that the wisest course to pursue, when we discharge our patients, as recovered, from insane asylums, is to keep them under a kind of treatment, to maintain the cerebral cells in equilibrium, for a long time after the disease has apparently subsided. The least difficult, are those cases where the brothers or sisters are affected, or where the children suffer, but when it comes to the husband and wife, I am unable to offer any explanation to my own mind.

The PRESIDENT. I have had, as incidental to this, a rather curious experience. I would like to inquire of members, their experience in the matter of births in their Institutions. I have had quite a number; in two cases, the mothers were suffering under acute dementia, and in both cases the children were idiots. I would like to inquire whether other members of the Association have had any experience at all on that point?

Dr. GREEN. I know of but few cases of that character, and the result I have no means of knowing, except in one instance. A woman was brought to us some years ago, who from general appearance, seemed too old to bear children, but in a short time after she came, she was reported to the matron, by the attendant, as being certainly pregnant. We have a rule forbidding the reception of a female under such circumstances, and authorizing, or indeed requiring the superintendent, where such persons are imposed

upon him, to send them back until they shall have been delivered. I wrote to the court that sent her there; they declined to have anything to do in the matter, saying that the woman had no friends there, was found roaming about the woods, and they could not even give her a name. I never saw a human being who was subject to more strange and unaccountable delusions. For instance, she said that she had a thousand children, that she gave birth to a horse once, and on another occasion to a wheelbarrow. They were the most preposterous and unaccountable delusions I ever heard of. There were no means of compelling the county authorities to take her back, under our law, and as a matter of course, under the dictates of humanity, I would not turn the woman out of the Institution. She remained there, and in five months thereafter, was delivered of a child; that child is living at this time. The mother manifested a great fondness for it, but it was taken from her for the reason that what was doubtless meant for kindness by her, might do mischief. In whitewashing the rooms in her ward, the whitewash was sometimes left in an open room. She would take the child in, strip him, and whitewash him from head to foot. For this reason, together with the fact that the woman was liable to paroxysms of terrible excitement, in which she was very profane and obscene, I took him into another ward, and put him under the special care of a female patient who would take proper care of him. When he became a little older, my wife and I took charge of him, and thereafter sent him to school. He acquired a tolerable education but never had any ambition to learn. As the child had no name, soon after his birth, I named him Samuel B. Woodward, which he has borne ever since. After being taken from school, he was employed in the Institution, first in a situation where the labor was light, and subsequently as wagoner. At length he married one of the attendants. He is now living in the vicinity, and drives one of our wagons, has a small farm which he cultivates, and his wife has two nice little children. He must be twenty-three or twenty-four years old, perhaps twenty-five. There is not, in his case, any manifestation of mental derangement, or what we would consider mental deficiency. He had no ambition to learn, but has acquired the ordinary elements of an English education. His case is the only one which has ever occurred in our Institution, in which we had an opportunity to follow the history for any long period.

As to the woman, we have no knowledge who in the world she was, or where she came from, but the child, from its birth, we had

an opportunity to know. The woman remained insane, and she had those extraordinary delusions to the day of her death. She died in the Institution, after a lapse of several years. There have been, perhaps, three other examples of the birth of children from insane mothers, in the Institution, within the twenty-eight years that I have had charge of it; one was a bright little boy. When about five or six years old, the relatives came and took him. He resides in Mobile. I heard recently that they are sending him to school and that he is doing well. The other two died in early infancy, and of course there was no development as to their mental condition.

On motion, the Association adjourned to 10 A. M., of Thursday.

THURSDAY, May 21, 1874.

The Association was called to order at 10 A. M., by the Vice-president.

The Secretary read a communication from the Tennessee Manufacturing Company, inviting the Association to visit their cotton mill, which was accepted, and referred to the Committee on Business.

Dr. Curwen resumed and concluded the reading of his history of the Association.

Dr. Green presented resolutions in regard to the death of Dr. Wm. H. Rockwell.

Whereas, The Association of Medical Superintendents of American Institutions for the Insane, has received information of the death, since their last meeting, of Dr. Wm. H. Rockwell, of Brattleboro, Vermont, who for thirty-six years has been an earnest, faithful and efficient laborer in the noblest field of benevolence, connected with the healing art.

Be it Resolved, That in the death of Dr. Rockwell, the interests of suffering humanity, in its most fearful form, have sustained a loss greatly to be deplored, and this Association an able co-worker, counsellor and friend.

Resolved further, That to the family and friends of the deceased, we would tenderly offer our condolence and sympathy, in this their sad bereavement.

Resolved, That the Secretary be requested to furnish to the family of Dr. Rockwell, a copy of this testimonial of our appreciation of the deceased, and profound regret in his death.

Dr. RANNEY. It seems to me appropriate, as I am a native of the State which Dr. Rockwell served so long and faithfully, as well as a privilege, to second the resolution offered by Dr. Green.

It was my good fortune, and privilege as I esteem it, to have been acquainted with Dr. Rockwell, although the acquaintance was a limited one. I well remember his fine presence, and genial, courteous manner, which quickly won the respect and regard of all with whom he came in contact. His intellectual strength and culture also gave him great influence wherever he was known, and eminently fitted him for the position he filled and adorned for such a long series of year.

Although deeply engrossed with the financial affairs of a large public Institution, which he conducted with signal ability, his contributions to the advancement of practical psychological medicine, were important and valuable, and it is a matter for regret that they have not been preserved.

His untiring industry, great financial ability, and faculty of organization, and ability to forecast the prospective needs of his State, and provide for them, were integral and prominent characteristics of his mental constitution, and were the agencies which led to the gradual growth of one of the largest public Institutions of the country, with less pecuniary aid from the State or individuals, than in any other instance in this country; and the same great personal resources rebuilt the large portion, that was unfortunately destroyed by fire.

Like many others in our specialty, he, from time to time, encountered calumny and opposition, which he met with rare good judgment and common sense and fortitude, while the Institution under his charge went steadily on in the fulfilment of its appointed work.

In his domestic relations, I have reason to know he was singularly fortunate and happy, and through life he was aided and encouraged, in a rare degree, by the excellent qualities of head and heart of his wife, who survives him. Thankful that he was permitted to live to a period beyond the allotted age of man, with the ability to work in the field he chose to work in, in early life, until nearly the close of life, let us bow reverently over his grave, and believe that a good man has gone to his rest and sure reward.

The resolutions were unanimously adopted. Dr. Compton offered the following resolution, which was unanimously adopted:

Resolved, That the writer of each paper to be read before the Association, shall prepare a brief, but comprehensive synopsis of such paper, which synopsis shall be read by the Secretary, before the commencement of debate. The synopsis shall then become a part of, and be properly entered in, the proceedings.

Dr. WALLACE. Mr. President, members, yesterday, Dr. Curwen leading, were kind enough to give the Association the benefit of their experience in relation to the causal relations of cases of insanity occurring in families, detailing numerous interesting cases, illustrative of such inter-connection. I beg to submit that it might be matter of interest and instruction to membership, for these gentlemen, and such others as may feel inclined to do so, to increase the obligation the Association already feel toward them, for their valuable contributions to the interest of the session, by giving the body, the benefit of any peculiar methods of treatment, moral or medicinal, which their experience may have established as useful, the same not being generally known.

The PRESIDENT. Do I understand the Doctor to make a motion?

Dr. WALLACE. It is merely a suggestion to the Association. I would say, as explanatory, that I am sure there are members here who could, in a brief way, put matter into the possession of the Association, and I am sure they could into mine, that would be of interest. I do not mean any detailed account of treatment, but some hints. Every alienist of large experience, I suppose, has something peculiar in his treatment, something that is not in the common practice of the profession. I should be very glad to hear from some of them, some of the Nestors of the profession.

Dr. COMPTON. I feel that full responses ought to be made to the Doctor's appeal to the Association. On my own part, I have to regret, that I have acquired no special or new ideas, and no new remedies, else I would gladly give them to the Association. I rise, therefore, merely to join the Doctor in his appeal.

The Remarks of Dr. Peck on the treatment of inebriety and opium eating, are omitted at his request, as he proposes to put them in more extended form, with full details of the cases.

Dr. GREEN. I have had considerable experience in the treatment of these people, (inebriates and opium eaters,) and have had the misfortune, however, to know of but very few permanent cures. The principal trouble is the impatience of the patient, and very often of the friends, when they seemed to be entirely relieved, about taking them out of the charge of the Institution. I am very much inclined to think, with some of the authorities I have read upon the subject, that one of these people is hardly likely to be positively cured, short of two years. It is very often the case, when they have been in the Institution three or four months,—certainly not more than five or six to eight months,—that they feel they are cured, and their friends come to the same conclusion, and take them home; and when there they generally fall back. I have seen a few permanent restorations from the abuse of alcoholic or intoxicating stimulants.

I have not known for years of the article Dr. Peck speaks of. I am in the habit of administering the doses, which these people have been accustomed to take, very readily, in proportion, however, very much to their condition. When there is considerable vigor about them, I decrease the dose very rapidly. If in a state of feebleness, I give them some of the infusions, say of columbo, quassia or gentian, and allow them to use it just as freely as they please. Very soon I begin to give them also an article intended to supply the place substantially of the article spoken of by Dr. Peck. I give them a pill composed of sulphate of iron, powdered ginger, and oil of peppermint, which I have every reason to consider a very valuable adjunct in their treatment. It seems to furnish just the stimulation which the stomach demands, to improve digestion and the appetite, all of which is essential to successful treatment.

I have now in my care, a lady, whose case is similar to that of the clergyman spoken of. She is the wife of a clergyman. Her husband brought her there, stating that she had been in this habit for ten years. It originated in taking medicine for the relief of neuralgia. For the relief of the pain, the physician had found it most convenient to prescribe morphine. For two years past she had been taking from fifteen to twenty grains of morphine daily, superadding occasionally, alcoholic stimulants, wine, &c. He wrote that he despaired of her being entirely relieved, and thought it would be a species of cruelty to relieve her entirely. I believed she could be cured, and rapidly diminishing the amount taken, in eight months had her in a condition to do without these stimulants. I can not tell whether she is positively and permanently cured, but

she expresses the most thorough satisfaction, and says she will never lapse into that habit again. The long continued use of artificial stimulants, doubtless, produces a pathological change in the condition of the nerves of the stomach, out of which grows a necessity for the continued and increased use of the drug. It becomes a state of positive disease, which must be positively cured before, in an infinite majority of cases, the habit can be permanently overcome. Cases have been seen, of course, in which the physicians have been able to do so, but they are almost like drops in the ocean. I have no particular remedy, that I have been in the habit of employing, except the pill I stated. I give them, under certain cases, entirely to allay nervous excitement and procure sleep, bromide of potassium and chloral.

Dr. SMITH. It strikes me as eminently proper that we should respond to the request of Dr. Wallace. If I understand the Doctor, he is anxious to learn from the members of this Association, their usual practice in treating the ordinary forms of mental disease, not only the remedies used, but how they are given. We all use, for example, chloral hydrate, bromide of potassium, opium, different preparations of morphia, hyoseyamus, cannabis indica, succus conii, &c., &c., but what is most important to know, is how we use them, our ordinary doses, frequency of repetition, combinations, &c. It is well known, that two physicians, in treating the same disease, may resort to the same medicines, and one may be highly successful, and the other, as highly unsuccessful, all resulting from the different manner of using the same remedies. I think, therefore, at every meeting of this Association, a portion of our time could not be more profitably spent than in comparing views upon the treatment of insanity; as attaining the highest degree of success practicable, is the ultimate object of all our efforts.

The most popular remedy, at present, in a large majority of hospitals for the insane, I doubt not, is chloral hydrate. In some institutions it is given in large doses, and, in many cases continued for a long period. Its great popularity in connection with the fact that so many physicians regard it free from danger, I fear, has already caused many grave results, attending its use, to be overlooked. The importance of closely watching the effects of this remedy, has recently been more deeply impressed upon my mind from reading an article in the *British Practitioner*, from Dr. Ludwig Kirn, on "chronic poisoning with chloral hydrate." The writer referred to, details a series of morbid phenomena that oc-

curred in his own practice, from the continuous use of chloral, and collated these with the experiences of a number of others. Extensive erythemas and pustular, or papular exanthemata were often observed. C. Brown and Schule, both observed, as a result of the persevering use of chloral, fluxionary hyperæmia, and especially congestions of the head and face, with strong contraction of the pupils, and injection of the conjunctivæ. A case was given from Husband; after taking chloral, a number of days, a scarlatinal rash appeared over the whole body, with fever, and tenderness of the skin, followed by desquamation. Several cases were also related, in which the swelling of the face, with or without the rash, from continued use of chloral, extended over the whole body, and was ascribed by the attending physicians, to serous infiltration of the skin from stasis of the blood; in other cases, from slight external pressure, congestion in circumscribed spots appeared, with lowered sensibility, which, with continued use of the hypnotic, swelled and assumed a darker color, vesicles were developed, and would have run on to sloughing, if it had not been discontinued. These cutaneous symptoms have, perhaps, been justly ascribed to the paralyzing influence of chloral upon the vaso-motor center.

Another important symptom connected with the long continued use of chloral, is interference with respiration. A series of cases were given, showing this result, from slight difficulty, to positive dyspnœa, and if the remedy had been persevered in, fatal results, would, doubtless have followed. As soon as chloral was left off, all these grave indications disappeared. This chloral dyspnœa sometimes appeared with, and sometimes without the rash, and was often attended with a feeling of heaviness and anxiety. A case is given where an eminent physician had been called to see a lady, who had violent attacks of dyspnœa, which increased to asphyxia. At the same time, her face was swollen, the facial muscles were paralyzed, and all the usual indications of cerebral effusion were present. Death seemed inevitable, as all means had failed. The physician suggested the propriety of discontinuing forty-five grains of chloral she had been taking daily, as a hypnotic, and it is reported, that every alarming symptom vanished in an almost magical way; as the writer properly remarks, if this chloral dyspnœa can be explained by hyperæmia of the lungs, produced through the channel of vaso-motor nerves, as the effects of chloral upon the skin, it would clearly lead to a practical contra indication of chloral, in all cases where there is a tendency to congestion, or stasis of blood in the lungs. Another group of cases is detailed, showing clearly from the symp-

toms a gradual change in the composition of the blood, in short, chronic blood poisoning. My remarks have already been extended too far, to give them in detail. Sufficient to say, they were so clearly, minutely and candidly described, I could not resist the impression that results, so grave and dangerous were unquestionably the effects of the continued use of chloral, and that some of us had likely overlooked many of these alarming symptoms, or rather, in observing them, had failed to attribute them to the proper cause.

My chief object in alluding to this subject, is to obtain from the members of this Association, their experiences in the use of this remedy, and whether they have ever witnessed the indications of chronic poisoning, as detailed in the communication of Dr. Kirm.

The PRESIDENT. Dr Smith, what has been your observation of the effects of chloral?

Dr. SMITH. I can not say that I have seen the same dangerous and poisonous effects, as given in the article referred to. I have not, however, been in the habit of using this remedy to the same extent, and in such heroic doses, as has been usual in some institutions. My uniform rule has been, in giving chloral to new cases, to prescribe small doses, say ten, fifteen or twenty grains, to test its influence, and determine if any idiosyncracies existed. In the last year, we had one patient who slept well all night, and the next day, from ten grains of chloral. Twenty to thirty grains, two or three times a day, is the quantity we usually prescribe, and often combine it with an equal proportion of bromide of potassium. In recent cases of insanity, attended with high excitement, great restlessness, inability to sleep, &c., &c. I regard chloral as one of our best remedies, and usually the happiest results follow its use. We often combine with chloral, tincture of hyoscyamus and, in some cases, I have thought with very good effect. In other cases, we add tinct opii, and different preparations of morphia, and sometimes tincture of cannabis indica. One of my favorite prescriptions for controlling excitement, with many patients, and producing pleasant rest, is a combination of bromide of potassium and tincture of cannabis indica, say twenty to thirty grains of bromide of potassium and twenty to thirty minims of tincture of cannabis indica, one, two or three times a day, as the indications may require.

While I have the highest regard for chloral, with the class of patients indicated, I believe the greatest danger will result from its long continued use in cases of chronic mania, melancholia and dementia. We all know many of these cases require some remedy

to control restlessness, and conduce to quiet rest during the night, and it is more than probable, chloral is given regularly once or twice a day, to such cases, in many hospitals.

I remember four or five such cases in the last twelve months, who had been taking small doses of chloral, every day for sometime, and observed they seemed to be gradually failing, becoming more feeble and languid, gait unsteady and tottering, intellect dull, eyes injected, and a tendency to somnolency, &c. I determined at once to discontinue chloral, and substitute a tonic course with them all, quinine and iron, or quinine and dilute phosphoric acid, with a minute portion of morphia, and in a week or ten days, all the indications of exhaustion disappeared, and the contrast was so striking, they appeared like a new class of patients. From my own experience, therefore, I believe the continued use of chloral in all cases of depression and feeble circulation, as those suggested, would be hazardous and dangerous. We also know that among the chronic insane, there are many cases of latent phthisis, and if it be true, as stated in the *Practitioner*, that the continued use of chloral, through its influence upon the vaso-motor nerves, produces hyperæmia of the lungs, analogous to its action upon the skin, it would certainly be our duty to watch closely its effects, and guard against its protracted use in all cases, where this complication exists. Without dwelling farther upon this subject, allow me to say, if all the members of this Association, during the coming year, would observe accurately, minutely and discriminatingly, the effects of this medicine, in the different cases in which it may be prescribed, our combined experiences at the next annual meeting would likely throw much light upon this subject, and enable us all to prescribe more confidently, and more successfully, this potent and popular remedy. I trust the members present will favor us with their views upon this subject.

The PRESIDENT. Dr. Smith, in alluding to one of your favorite prescriptions, you use tincture of cannabis indica. Have you been able to procure a reliable article?

Dr. SMITH. Yes sir, the English preparation I have found uniformly good, but the American, as uniformly worthless, at least so far as I have used American extracts.

Dr. RANNEY. I think we can get a good fluid extract, Dr. Squibbs' of Brooklyn, I consider reliable.

Dr. SMITH. I have not used Dr. Squibbs', but know his preparations stand very high with the profession.

Dr. RODMAN. Some years ago, soon after the introduction of chloral, I wrote an article for the *American Practitioner*, in which I alluded to the combined action of opium and chloral. At that time chloral had not been as well studied as it has been since, nor was it as largely used in general practice. It is the experience of all present, that many cases of maniacal excitement occur, in which the trouble is aggravated decidedly by the use of opium. In some instances I have found the effect of chloral ephemeral and that of opium, not what I wished, when each was given alone; but in combination, I have seen the happiest result, several hours of refreshing sleep; the pathological condition seems to be so modified by the chloral, as to allow the common hypnotic results of opium, or its preparations. What this condition is, I must confess, I do not know with any approach to accuracy, and I am willing to allow, there is a taint of empiricism in my administration of these drugs; nevertheless, I think I can safely advise their use at the same time, in cases that persistently resist either alone.

Dr. ANDREWS. Probably most of the gentlemen present recollect the article on Chloral, published in the *JOURNAL OF INSANITY*, for July, 1871, at that time more than one hundred pounds had been used in the Asylum, and the use of it has been continued. We have noticed none of the ill effects which have been mentioned in the medical journals, no case of poisoning or chloral rash. The most marked result was in the case given in the article referred to, that of an attendant, who, after taking one dose of thirty grains, remained for a week under the influence of the drug. During this time he was sustained by beef tea and stimulants. He fully recovered and suffered no further bad effect from the dose. At the same time we had a patient, who, to procure sleep, took sixty grain doses nightly, for one year and a half. It was a case of melancholia, and the man, who recovered, and now lives in Utica, often refers to the benefit derived from the medicine.

Dr. GREEN. In the case of the man who was placed under such singular condition by the use of the chloral, was it afterward given him?

Dr. ANDREWS. He took but one dose. The full history of the case was as follows: He had been a soldier, and was severely wounded, and much broken down in health while in the service. He went home to assist in the care of a sick brother, and he was with him continuously for some three days and nights, during which time he lost both sleep and appetite. On Sunday morning he returned to the Asylum, and asked for something to make him

sleep, saying he felt nervous and restless, and could not get sleep. Thirty grains of chloral were given him. He went to bed immediately, and passed into a condition of deep sleep, from which he could be aroused to answer questions, and would sit up in bed, but was not able to walk, or support himself upon his feet. As soon as his attention was relaxed, and his mind was disengaged, he fell back to sleep again. This condition lasted, as was before stated, till Saturday morning following, when he was able for the first time, to be up and about the ward.

THE PRESIDENT. What was the condition of his pulse during this time?

DR. ANDREWS. It was full, of fair strength, and about sixty. Just as I arose, I was asked by Dr. Fisher to give our results in the use of *rhamnus frangula*. It has been used in the Asylum at Utica for ten years or more. It was first imported from Germany, where it had been employed for some years. It is found in the secondary list of the Dispensatory. There are two varieties. The catharticus and the frangula. For a long time it was obtained in bulk, and used in decoction, but as this form, imposed considerable labor in its preparation, some three years ago, Dr. Squibb, of Brooklyn, made a fluid extract, which we have since employed. We can hardly speak too highly of this drug, and it has been a standard laxative since its introduction. The advantages are, it is a stomachic tonic, it does not lose its effect, and does not have to be increased in quantity to produce a certain result. Where there is great torpor of the bowels, a small quantity, three to five drops of the tincture of *nux vomica*, may be added to the dose of a drachm. It is best given at night, but if this is not sufficient, the dose may be repeated three or four times a day. One of the best illustrative cases of its use, was in an epileptic patient. The case was reported by Dr. Echeverria in the proceedings of the Association of last year. The patient was admitted in a furiously maniacal condition. After being in the Asylum for one week he became quiet, was coherent in speech, and realized his condition. He asked for his syringe, saying that for seven years he had not had a movement of the bowels without using it, and it was necessary for his existence. It was withheld, and he was placed on the use of the *rhamnus*, given at night, and in the ordinary dose. It was continued for one year and a half, the whole period of his stay in the Asylum, and with the same good effect. He took the prescription with him, as he had come to rely upon it to the entire exclusion of other measures or remedies.

Dr. FISHER. Why did he leave the Asylum?

Dr. ANDREWS. He continued to have epileptic attacks, was irritable and discontented, and his friends yielded to his wishes for removal.

A DOCTOR. Did the rhamnus lose its effect by continued use?

Dr. ANDREWS. It did not. I gave this as an instance of the fact, that the beneficial effects of the drug are not diminished by protracted use. When the proper dose has been reached, we are rarely obliged to increase it, but may often reduce it in amount, or in frequency, or in both.

Dr. RANNEY. In regard to the drug the gentleman speaks of, we have been using it for several years. It is, in my opinion, peculiarly adapted to chronic constipation, or sluggishness of the bowels, and unlike other articles, it does not produce gripings, or any uneasy sensation in the alimentary canal. In large doses, its effect is increased, without unpleasant results. It is rather slow in its operation, in my experience, and is not adapted to a condition of very severe constipation, or the condition of torpor of the colon. Something more active has proved a valuable adjunct. I once thought, and still think, it combines some of the best qualities of both senna and rhubarb, without the effects of an overdose of either.

Dr. CARRIEL. While the matter of the treatment of the insane is under discussion, I will add a little of our experience, especially with chloral and rhamnus frangula; have been in the habit of using the rhamnus for some ten years past, have not the extract, did not know that the extract was made, but have been in the habit of using a decoction, and have considered it a very valuable remedy in cases of habitual constipation, and especially in cases of melancholia, where we always find more or less constipation, resulting from the weakened condition of the nervous system. I have considered it not only a laxative, operating slightly, gently, and easily upon the bowels, but I have also considered it as stimulative and slightly tonic. I have used it with both these objects in view.

In regard to chloral, in our Institution, we use it extensively. We have been in the habit of ordering it from Philadelphia in fifty pound orders at a time. We live back in the country, you know, and when we go to the city, we lay in a stock. For the last four years, we have used it constantly in our Institution, and use it constantly now, but think we do not use it in so large a number of cases as we did, or give it in so large doses, as formerly. We are in the habit of giving it in thirty grain doses. That is the stand-

ard with us. We give it after the patient is in bed, and after the house has become quiet, and the conditions are all favorable to sleep. I consider it rather important not to give it until the patient is in bed. It produces a sort of intoxication, that is unpleasant to the patient while undressing.

I have not noticed any bad effects from the use of chloral, any unfavorable effects in any way. We have had one accident with it. A person, who was employed in the Institution, was given a bottle of chloral, containing 160 grains, with directions on the bottle, to take a certain quantity. She took the whole 160 grains at a dose, and as near as we can ascertain, was dead in from thirty to forty minutes after. I was apprehensive in some way that there might be some mistake, and went up to her room to ask how much she had taken. She replied she had taken the whole of it. I went immediately for the stomach pump, but before I got back she was entirely unconscious, and in fifteen or twenty minutes more, was dead. The surface was cool, and the face pale, the pulse feeble and diminished in frequency. The breathing also diminished in frequency, with constantly increasing intervals between each breath. With this exception, we have had no bad results from chloral, and I consider it one of the most valuable means of producing sleep.

The PRESIDENT. Was there any organic disease in the case?

Dr. CARRIEL. There was not. We made a *post mortem* examination, but nothing satisfactory was ascertained. We did think that we obtained the odor of chloroform in the brain. Of that I was positive, as were others present.

We do not usually repeat the dose. In cases of great excitement, when one dose of thirty grains does not produce quiet, and where sleep seems to be very important, we sometimes repeat the dose once. We are a little cautious about giving chloral to feeble persons, either those suffering from organic bodily disease, or greatly enfeebled nervous energy.

Dr. SMITH. Do you commence with thirty grains?

Dr. CARRIEL. I have no hesitation in giving thirty grains where I have never given it before.

Dr. EVERTS. What is the action?

Dr. CARRIEL. Chloral acts completely and pleasantly in the great majority of cases. There are some cases where it does not produce sleep, and even seems to increase excitement. So far as my observation goes, it does not have the same effect in persons addicted to the use of opium, as in others. I have three cases in mind now, opium eaters, or in the habit of taking opium largely, where chloral did not seem to quiet or produce sleep.

Dr. BRYANT. Since the introduction of chloral, it has been my habit, in both private and hospital practice, to make frequent use of it. Ordinarily fifteen or twenty grains will act very pleasantly, producing refreshing sleep, but sometimes we meet with cases that require very large doses to produce sleep, even a drachm or more.

About two years ago, I had a patient under my care, who could not take chloroform, yet it was absolutely necessary to perform upon her a very painful operation, and the surgeon assisting, agreed with me, to try chloral hydrate, as an anæsthetic, to our surprise it required three drachms to produce the effect desired. The operation was performed with apparently little pain, and before we had finished washing the instruments that had been used, the patient had fallen into a sound sleep, and she continued to rest refreshingly until the next morning. There were no unpleasant symptoms accompanying the use of so large a quantity of chloral in this case. I frequently make use of chloral alone, but generally combine it with bromide of potassium, or bromide of calcium or opium, that is, some of the salts of opium. In combination, less of either article is required, than when given singly. In hysteria, generally, the tincture, or the fluid extract of hyoscyamus or conium, given in combination with chloral, seems peculiarly soothing and quieting. Hemp given with hyoscyamus or belladonna, is sometimes a very happy combination. My experience in the use of chloral hydrate, leads me to the conclusion that it is all important for the medicine to be pure, and that it be used soon after it is compounded.

Dr. COMPTON. "Every crow thinks its little crow the whitest," and doubtless every physician deems his mode of administering a remedy the best, at least he ought to do so. In answer to the Doctor's inquiry, I would state that our custom in the Mississippi Asylum, is to prepare each dose as it is required for immediate use. Our assistant physician makes his round of the Asylum, immediately after tea. We have some cases who take chloral nearly every night, others take it or not, according to circumstances. The assistant determines that matter as he goes through the wards, and makes up his prescriptions after his return to the office, our usual dose is about thirty grains, and we prepare it for the patient by dissolving that quantity in about an ounce and a half of very sweet water, I do not know of any better mode of administering chloral than that, certainly not a simpler one, I do not know that a mixture of long standing, well protected by a glass stopper, would lose its virtue; but I commenced its use in 1870, with the idea derived from some Journal, or perhaps from Liebreich himself,

that it would evaporate or decompose, and have therefore continued to compound it for use only a few minutes, at most, before the time of its administration. I may say that we use chloral a great deal in our Institution, and with very satisfactory results. We have one case of recurrent mania, to whom we are compelled to give chloral every night for two or three weeks at a time, in order to procure sleep for her, as well as for her neighborhood. About the time of the abatement of her excitement, and just when we are able to dispense with the chloral, she almost invariably has an attack of conjunctivitis, and her eyes, for a few days, are very much inflamed. I have not seen any other bad effect of chloral, if indeed that is one. It may be, and I rather think it is, a mere coincidence attending certain stages of the cerebral disease.

Dr. STONE. (Kentucky.) Mr. President, I only want, barely, to refer to the action of chloral in the experience we have had of its use in our Institution, (2d Kentucky.) We use principally a combination of chloral, and the tincture of hyoscyamus. This we found suggested in the JOURNAL OF INSANITY, several years since, and is a powerful combination. We have found the almost uniform effect of the chloral, whether with or without the hyoscyamus, to be that of a delightful narcotic, especially with the acute insane. I think I have observed that the medicine materially loses effect when long kept in aqueous solution. Several gentlemen have referred to instances, in which large amounts of chloral have been taken without serious effects. A patient of Dr. Rodman's took two hundred and seventy-five grains at one time. He slept for twelve hours, and for twelve hours more, had an almost unconquerable tendency to sleep. During this time, no alarming symptom appeared, and no very active measures were used with him. He recovered well. This amount compares with the quantity Dr. Carriell has mentioned.

While I am up, I should like to refer to the use of bromide of potassium in epilepsy. We have had as many as fifty cases of epilepsy in our Hospital, at one time; nearly all have been treated, for varying periods, with the bromide. There were not five out of this number who were not benefited by the use of the medicine, though we can not say that more than one patient was entirely relieved of the disease. Five had no epileptic seizure, for periods ranging from seven to twelve months. The recurrence in all these cases, but one, was due to the refusal to take the medicine longer; one was not heard from afterwards. Our recovered case has been free from convulsions, for upwards of four years. For twelve months

he has not taken more than an average of two doses a week, and has omitted taking one for a month at a time. The patient was one of the most violent of the insane, whom we have ever had within the Asylum. He once killed a man in Tennessee, in the most barbarous manner, and for no pretext scarcely. His trouble was periodic mania, of the most violent type. He has, apparently, recovered his mind entirely, and has been discharged from the Asylum several months. Dr. Boyd, of the Eastern Institution, of this State, saw this patient, with an opportunity of judging as to his condition of mind, and I think he concurred as to the man's seeming perfect sanity. It is at the suggestion of the Doctor that I refer to the case. The prescription of Brown-Sequard was used with the patient, almost throughout his treatment.

R	Potassæ Bicarb,	℥ ij
	Potassii Iodidi,	℥ iiij
	Potassii Bromidi,	℥ iiij
	Ammonii Bromidi,	℥ viij
	Infus Columbæ	℥ ix
	Aquæ destillatæ,	℥ xij ʒ ft sol—

S. Give one teaspoonful three times a day, and three teaspoonfuls at bedtime.

It may be necessary to use a larger dose of the bromide of potassium. In accordance with a recommendation I saw in a medical journal some two years ago, I have since then substituted for the columbæ used in this prescription, a preparation of cinchona, any one of the officinal ones. I believe this medicine to be a very efficient agent in preventing the skin disease—a papular exanthem—which is one of the well known effects of the bromides, in a large proportion of cases, in which these medicines are administered.

Dr. RODMAN. I can verify the statements made by my assistant, in regard to the benefits arising from the persistent use of the bromides.

When speaking of the use of chloral, he may leave the impression that the enormous dose, of more than half an ounce, was ordered by me. I am not willing to go upon record, as having prescribed this drug so heroically; the patient was allowed access, by a neglectful nurse, to the bottle, and swallowed its entire contents. Forty grains was the dose directed.

The Association adjourned at 12 M., to visit the Hospital for the Insane, where the members spent the afternoon, in examining the excellent arrangements of that Institution.

The Association was called to order at 8 p. m., by the Vice-president.

The Secretary read a telegram from Dr. G. A. Shurtleff, expressive of his pleasure at the decision of the Association to meet in Stockton, California; also a letter from Dr. D. T. Brown, expressing his cordial feelings towards the members; also a letter from Dr. Stribling expressive of his fraternal regards for the members.

THE PRESIDENT. In continuation of the discussion of this morning, in regard to the treatment of some forms of insanity, and especially in regard to the use of chloral, I desire to say, while I have never seen any accident from the use of chloral, I have seen injury from its continued use, even in small doses. I have become accustomed to be guided in the use of chloral continuously, by the condition of the pulse altogether. If I find the pulse of the patient grows rapidly weaker, I think it best to immediately discontinue the use of chloral. I have known where but twenty grains were continued from day to day, and acting as a hypnotic at night, without being able to account for it, I have found the patient getting bad, failing in strength and appetite, and general appearance, and upon giving up chloral, and substituting some mild tonic, the whole face changed within one week. I think I can recollect four cases within the past few years, where we thought it necessary to discontinue the use of chloral, I do not know whether others have had that experience.

A DOCTOR. What was the form of the mental disease?

THE PRESIDENT. Chronic insanity, a chronic nervous disease.

DR. CURWEN. In my experience I have never seen unpleasant effects from the use of chloral, except curious indiosyncracies. I remember a case, where it produced such an uncomfortable condition of the head, that it had to be stopped, and the patient's father I ascertained, has the same trouble from taking it. We have commenced with small doses, going up to larger, but never so much as some have been in the habit of giving, ten to fifteen grains and sometimes only five. I have known one lady, not insane, but very nervous, sleep from ten, to four or five o'clock in the morning, after the administration of five grains of chloral. I have been in the habit, frequently, of combining the use of some form of opium, or morphia, or some of its preparations, with the use of chloral, not giving them together, always, but sometimes the opium early in

the evening, and the chloral later, or just about the time the sedative effect of the opium is perceptible.

In reference to one matter, to which attention was called this morning, I would state that my experience has constantly been, that, when a patient is taking any form of alcoholic preparation regularly, chloral is almost valueless to produce sleep. It seems to be one of the peculiarities, as stated in the discussions in this Association, two or three years since, that when the patient is taking whiskey or any such alcoholic preparation regularly, it is almost impossible to produce the proper effect of chloral, except in largely increased doses.

Dr. COMPTON. Where a person is in the habit of sleeping with five grains, did you consider him insane?

Dr. CURWEN. I have put patients, who were insane, to sleep upon five grains, and intended to make them sleep by the use of that quantity. They were not, of course, very severe cases.

Dr. RANNEY. The fact stated by Dr. Curwen is quite new to me. I once administered chloral with very happy results, I thought, in a case of delirium tremens, in which the article had almost an opposite effect from that mentioned by Dr. Curwen. I have had the impression that it is often administered to bring on sleep, which, secured, may prevent delirium tremens. I believe it is known that chloroform acts more promptly, energetically, and perhaps dangerously, upon intemperate persons, or those who have recently indulged in alcoholic stimulant. The nature of the action of these two substances upon the system, is in some respects, or under certain circumstances, similar.

Dr. CURWEN. I refer especially to cases where you are obliged to give some form of stimulants, whiskey, or something of the kind, continuously, to keep up the strength of the patient, and carry him over a critical period. I know from frequent experience, that when a man is thus taking whiskey, it is necessary to secure good sleep, either to increase the amount of alcohol, or unite with it some preparation of morphia.

Dr. RANNEY. Does not that give rise to the presumption, that this peculiar action of chloral mentioned, is due to nervous weakness, rather than the coincidence with a stimulant?

Dr. CURWEN. No, for by dropping the whiskey, the chloral will readily act.

Dr. COMPTON. The question suggests some reflections, which I suppose all of us, who have much experience in the practice of surgery, have at one time or another indulged, upon the use of chloro-

form as an anæsthetic. In military practice at the South, during the war, chloroform was the usual anæsthetic, and it became pretty generally understood, that, while our patient, a wounded man for instance, would bear the chloroform better, having previously taken a stimulant, he would not yield so readily to the influence of the anæsthetic, but that he would in the end, emerge from its influence in a better condition. The fact is known, that alcohol is antagonistic to chloroform; in short, that while alcohol is a stimulant, chloroform is a sedative. It is conceded, I believe, that the effect of chloral upon the patient, is the result of the action of chloroform set free in the blood. Dr. Liebreich says that the effect of the chloral depended much upon the condition of the blood; that an alkaline condition of that fluid, was indispensable in order to perfect the chemical change necessary for the full effects of the medicine; that it was well, sometimes, when the chloral failed to have a prompt effect, to precede its administration with an alkali. Now if it is true that alcoholic stimulants retard the effect of the anæsthetic in surgery, it may be, and is quite likely, that the effect of the chloral may be very materially modified by the presence of alcohol in the brain. That fact may account for much of the irregularity charged upon chloral, in its influence upon those addicted to strong drink. We all know that our treatment of alcoholism, depends entirely upon the stage. The victim of mania-a-potu, stimulated to raving madness, by a brain overloaded with alcohol, requires a treatment very different from one who is weak and nervous, and in that condition which we call delirium tremens. In the former case, the chloral might meet the emergency alone; in the latter, it would be well, perhaps, to administer it in conjunction with a stimulant. So we perceive, that there are some conditions in which chloral, if our theories are correct, may be expected to disappoint us, and it is probable that some of these examples fell into the doctor's hands.

The PRESIDENT. We have noticed the same thing that Dr. Curwen has alluded to, so much so, that our custom is never to give chloral within an hour or two after having given stimulants, either whiskey or wine. I have also noticed, that an ordinary dose of chloral, of ten or fifteen grains, will have no effect whatever in common cases of what is called sour stomach; that a dose of magnesia, or something of the kind, will enable the chloral to act with its accustomed power at once.

I will call attention to the new hypnotic—the croton chloral hydrate. We have used it for the past month, giving ten grains

once or twice a day. It controls nervous patients without putting them to sleep, and without stupefying them in the least. Chloral, given in large doses, paralyzes the heart; croton-chloral does not. Sixty grains, given so as to produce sleep, will produce such an effect that the patient will go to sleep sitting upright in his chair; whereas, a small dose of croton-chloral, would prostrate the patient at once. He could not sit up at all. We are experimenting with it. I have not yet gathered sufficient statistics to show its value, but am much pleased with it so far as I have used it. In cases of chronic disorder, dementia, and threatened and active exhaustive delirium, the croton-chloral is relieving them delightfully. Ten grains administered in the morning, and perhaps repeated after dinner, carries the patient through the day. At night, fifteen grains of chloral hydrate, will insure him a perfect night's rest. If members have not used it, I recommend that they get it and try its virtues. The only difficulty is, that it is not readily dissolved in water, but the addition of a little alcohol will bring about a ready solution.

A DOCTOR. Will the President state the character of the remedy?

THE PRESIDENT. It is very much like chloral hydrate, differing from it in that one particular,—in large doses it does not paralyze the system. It is an equivalent of alcohol, added to the chemical equivalent of chloral hydrate.

A DOCTOR. It has no relation to croton oil?

THE PRESIDENT. Not at all. Some one did publish a statement to that effect, but it is not true. It is a salt, very much like chloral hydrate, but softer and more adhesive to the finger, and more oily in appearance.

DR. STEVENS. I do not know anything, by practical use, of the croton chloral; the circular was handed to me by a druggist of St. Louis. I handed it to-day to Dr. Slusser. I asked the druggist whether it had any relation to croton oil. He said not at all. He said further, that several practicing physicians were using it in St. Louis, with good effect. I suppose the action of it was principally to control pain, more than as hypnotic. I have no doubt, however, that the experience of gentlemen present will confirm this view. While using the hydrate of chloral, some two or three years ago, or very soon after it came into general use, there was published in the *St. Louis Medical Journal*, a statement that several deaths had occurred in the city from the use of the article. Several physicians consulted me at the Asylum, and I was aston-

form as an anæsthetic. In military practice at the South, during the war, chloroform was the usual anæsthetic, and it became pretty generally understood, that, while our patient, a wounded man for instance, would bear the chloroform better, having previously taken a stimulant, he would not yield so readily to the influence of the anæsthetic, but that he would in the end, emerge from its influence in a better condition. The fact is known, that alcohol is antagonistic to chloroform; in short, that while alcohol is a stimulant, chloroform is a sedative. It is conceded, I believe, that the effect of chloral upon the patient, is the result of the action of chloroform set free in the blood. Dr. Liebreich says that the effect of the chloral depended much upon the condition of the blood; that an alkaline condition of that fluid, was indispensable in order to perfect the chemical change necessary for the full effects of the medicine; that it was well, sometimes, when the chloral failed to have a prompt effect, to precede its administration with an alkali. Now if it is true that alcoholic stimulants retard the effect of the anæsthetic in surgery, it may be, and is quite likely, that the effect of the chloral may be very materially modified by the presence of alcohol in the brain. That fact may account for much of the irregularity charged upon chloral, in its influence upon those addicted to strong drink. We all know that our treatment of alcoholism, depends entirely upon the stage. The victim of mania-a-potu, stimulated to raving madness, by a brain overloaded with alcohol, requires a treatment very different from one who is weak and nervous, and in that condition which we call delirium tremens. In the former case, the chloral might meet the emergency alone; in the latter, it would be well, perhaps, to administer it in conjunction with a stimulant. So we perceive, that there are some conditions in which chloral, if our theories are correct, may be expected to disappoint us, and it is probable that some of these examples fell into the doctor's hands.

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A DOCTOR. It has no relation to croton oil?

THE PRESIDENT. Not at all. Some one did publish a statement to that effect, but it is not true. It is a salt, very much like chloral hydrate, but softer and more adhesive to the finger, and more oily in appearance.

DR. STEVENS. I do not know anything, by practical use, of the croton chloral; the circular was handed to me by a druggist of St. Louis. I handed it to-day to Dr. Slusser. I asked the druggist whether it had any relation to croton oil. He said not at all. He said further, that several practicing physicians were using it in St. Louis, with good effect. I suppose the action of it was principally to control pain, more than as hypnotic. I have no doubt, however, that the experience of gentlemen present will confirm this view. While using the hydrate of chloral, some two or three years ago, or very soon after it came into general use, there was published in the *St. Louis Medical Journal*, a statement that several deaths had occurred in the city from the use of the article. Several physicians consulted me at the Asylum, and I was aston-

ished that the deaths could have occurred. I am under the impression that these cases appeared in the reports of the Medical Society, or possibly as contributions. These reports deterred the physicians of St. Louis, for some time, from the use of it; and some were perfectly astonished at my experience, using it, as I did, in doses of twenty or thirty grains, and for a long period, without an accident of any kind. I do not know whether such was the experience of others in the profession in other places. I doubt very much whether these deaths were in reality caused by hydrate of chloral, although I believe the deaths occurred from other causes, or were merely coincidences.

The PRESIDENT. Would you venture to give hydrate of chloral with organic disease of the heart?

Dr. STEVENS. I have not had any experience, but I think I would.

The PRESIDENT. I should not dare to.

Dr. STEVENS. If it has any effect, I suppose it would be to diminish the force of the circulation. Even in extreme cases, where the disturbance was not very great, I would not hesitate.

Dr. COMPTON. (To the President.) Did I understand you to say to Dr. Stevens that you would not give chloral in diseases of the heart?

The PRESIDENT. I should not venture to do so.

Dr. COMPTON. I have been hearing and reading about the danger of chloral in heart disease, ever since that remedy came into use; that in heart disease, you had better be careful in the administration of chloral.

Now, there are a great many kinds of heart disease, and the pathological conditions and therapeutical indications presented by some of them, are entirely different from those we find in others. We have hypertrophy and atrophy, and various kinds of degeneration of tissue; we have endocarditis, resulting in an endless variety of valvular difficulties; we have pericarditis with its sequelæ, besides a host of other disorders, all coming under the head of "heart disease." So indefinite is this term of "heart disease" in the country, that when any body drops down right suddenly, and dies without saying any thing about it, the world is generally satisfied with the verdict that he died of "heart disease."

But I have not been able to understand, up to this good hour, from any experience with chloral, what particular form of heart disease its use is said to aggravate, or what pathological condition about the heart, renders the use of chloral dangerous. I do not

think we that have any of this anti-chloralic heart disease in our Institution. Some of our inmates have heart disease, but I have never seen any thing in the effects of chloral that would deter me from its use, should a hypnotic be required in any of the cases. If we had atrophy of the heart, with other diseases connected with it, —indeed, Mr. President, I can imagine a case of “heart disease,” in which I would almost hesitate to do any thing,—I would scarcely speak to my patient except at low breath, for fear that his heart would either jump out of his mouth or turn topsy-turvy, and spoil every thing.

But really, I do not know of any disease of the heart, with which chloral would be likely to interfere, and I would be much gratified if the Association would thoroughly discuss the subject. On this point I ardently desire information.

Dr. STEVENS. I suppose that our President objects to the use of hydrate of chloral in heart disease, on account of its supposed action in diminishing the force of the circulation. Am I right?

The PRESIDENT. Yes, sir.

Dr. STEVENS. One reason why it is so valuable is, that it is a hypnotic, acting on the circulation, and producing a natural sleep. We are taught that sleep is caused by a diminution of the blood in the brain, that in sleep there is less blood in the brain, than in the waking condition. How this is diminished by hydrate of chloral, I know not, but it is demonstrated that such is its action.

Dr. COMPTON. But it does not diminish the circulation at the heart.

Dr. STEVENS. Still I believe it produces a diminution in the arterial and capillary circulation, and I would not hesitate to give it.

Dr. BRYANT. Mr. President, I wish to make a remark in relation to what Dr. Stevens has said. It is believed that during sleep, there is less blood circulating through the brain, than in the waking state. Upon this theory, some physicians have recommended to their wakeful patients that they sleep with their heads elevated upon high pillows. I am disposed to think that often this will have the desired effect; I have tried this plan upon myself, and prescribed it to my patients, with good results.

Chloral is thought to act as a hypnotic, simply by its action secondarily, in diminishing the amount of blood circulating through the brain, by lessening the force of the heart.

Several years since, Dr. Mitchell, of Philadelphia, made experiments upon pigeons and guinea pigs, with chloral, and he was fully

convinced that the force of the heart was greatly diminished by the medicine secondarily, but its primary action increased the force of the heart, which action usually lasted for twenty or thirty minutes.

Dr. Anstie, of London, who has experimented more largely than any one, with chloral, reaches the same conclusion; that is, that the first action of chloral is generally, if not always, exciting to the circulation of the blood, but that after twenty or thirty minutes, the force of the heart falls below the normal standard.

Dr. HUGHES. I have been waiting for Dr. Andrews to state his experience in the use of chloral. I recollect having read an interesting series of experiments made by him in Utica, in regard to this remedy, in which it was ascertained, I think quite satisfactorily, that chloral, whilst it produced a very temporary and transitory exaltation of the cardiac action did, when its full effect was obtained, lower the pulsation, but not as much so as some medicines employed for the same purpose. I believe that fifty-four beats per minute was the lowest reached. I have always employed chloral, upon the theory that it reduces the cerebral circulation to the sleeping point, that it was the most natural hypnotic of all the sleep-inducing agents at our command, unless we except, perhaps, bromide of potassium, which is not so rapid and prompt in its action. I presume it is true, as Liebrich conjectured, that the action of chloral is similar to the action of chloroform. I think we may accept it now as a fact, perhaps, sufficiently well established, that it does form chloroform, in combination with the salts in the blood, and that it acts in a similar manner. Well then, if it does act in the same way, our rule in the employment of hydrate of chloral, it seems to me, should be such,—at any rate has been my rule,—to guard against overpowering the involuntary nerve centers beyond the point of reaction; and I have been accustomed to regard from twenty to thirty grains, which I consider the proper minimum for the average insane person, as perfectly safe. I have used a great many pounds of it; perhaps I would not be wide of the mark if I said several hundred pounds, for I do not like noise, and my rooms were in close proximity to the patients. I was in the habit of giving chloral hydrate at bed time, and repeat about four o'clock in the morning, in noisy cases. I made it a rule to keep my patients asleep at least during seven or eight hours of the night.

The reports show no greater mortality after, than before the employment of chloral, and a better per centage of recoveries.

There is this, however, in regard to the use of this medicine. In cases of acute mania, where the cerebral disintegration is irregular, perhaps excessively irregular, but not much diminished in amount, and not so much in degree, as in cases of dementia, or of paresis, or of softening of the brain, you may safely, I think, use larger doses of hydrate of chloral than in the more depressed cases. It has appeared to me that the reaction was more steady, that the patient betrayed less drowsiness the next day. When some of the patients complained of headache the next day, I was in the habit of either reducing the dose, or adding quinine to it; a grain or two of sulphate of quinia, combined with the hypnotic dose, usually removed the difficulty. I have been in the habit of giving chloral in egg-nog or whiskey punch, rather freely, twenty or thirty grains, sometimes forty, and I have not found any ill effects. Now, I can not see why chloral hydrate should be objectionable in cardiac diseases, unless carried to an extreme degree. You know we used to be very fearful of producing death with chloroform, in cases where the heart was organically involved, and that the admonitions of the text books, and the directions generally of college teachers, were to be exceedingly cautious that your patient is free from heart disease in any form. Now there are many forms of cardiac involvement, it seems to me, in which theoretically, and from my own experience and practice, chloral hydrate is of a decided benefit. For in cases of hypertrophy of the heart, with your cardiac pulse above the normal standard in force or frequency, it seems to me that the chloral hydrate is the remedy indicated; and in cases of functional disorder I should not hesitate at all to administer it. A remedy which will relieve the heart of extra labor, which will reduce the labor down to the minimum standard compatible with the health of the patient, seems to me to be the article really required in such cases. Therefore, I have employed it, and know my patients have been much improved by it. But I know in my own experience of the use of chloral, in numerous cases, that it is liable to produce depression about the heart in over-doses, too long continued.

I consider that it acts upon the whole nervous system, first upon the involuntary, and secondly its action is extended to the voluntary nerve centers.

Perhaps some of the members have noticed the ill effects resulting from the administration of chloroform after that of chloral. I have administered it thus, occasionally, and if I retain my sanity, I do not propose to do it again. Of course, we do not know to an

absolute certainty how chloral acts upon the blood, but suppose, that it produces chloroform. Chloroform carbonizes the blood, is irritative to the parenchyma of the lungs, and diminishes the amount of air received into the blood for the purpose of oxygenating it. So I look upon it as highly injudicious to carbonize the blood from two different directions at once, the stomach and the lungs.

Dr. BRYANT. Mr. President, there is one action of chloral, when given in full doses, which has not been mentioned by any member of the Association. It is this, that the peristaltic action of the bowels is greatly augmented by the administration of chloral. Dr. Jackson, of Danville, Ky., made some experiments upon cats and dogs, with chloral, and he was led to the conclusion that, some hours after its administration, the peristaltic action of the bowels was decidedly increased. Dr. Jackson's experiments were published at length in the Richmond and Louisville Journals, and were very interesting. I have made a number of experiments myself, with special reference to the action of chloral in increasing the peristaltic movements of the bowels. I fully agree with Dr. Jackson, that chloral does augment the peristaltic motions of the bowels, and therefore should be given cautiously, in any case where diarrhoea exists.

As no allusion has been made to this action of chloral, by any of the members who have taken part in this discussion, I would ask if any one present has observed it?

The PRESIDENT. It has not occurred to me to notice it.

Dr. WALLACE. Mr. President, the discussion provoked at my instance, seems about exhausted. I embrace the opportunity to thank the membership for their prompt response, and take occasion to add that, they have traveled pretty well over the ground, that the discussion has taken very nearly the direction and range desired. There are some points in regard to which I would have liked for the members to have been somewhat more explicit. I have been accustomed to think, with my friend Dr. Smith, that whatever may be its *modus operandi*, the effect of chloral hydrate, continued for a length of time, is to produce irritation of the brain, or its membrane, perhaps both, as evidenced by injected conjunctivæ, photophobia, &c., resulting in nervous prostration and general debility.

Upon taking charge of the Asylum in Texas, some months since, I found this agent being used inordinately, I might say almost *ad libitum*, even by the attendants. The female night watch partic-

ularly, and I am quite sure there was in almost every case in which she was exhibiting it most freely, as shown by the morning reports, an aggravation of the symptoms, and in no single case an amelioration. It occurred to me that what I supposed the bad effect of the chloral, might be counteracted by exhibiting it in combination with bromide of potassium, without lessening, but rather increasing the hypnotic action of this great sleep-producing agent. The result has not disappointed expectation.

In regard to the action of chloral in cardiac diseases, I take it Drs. Compton and Hughes are not so far apart as they seem. I agree with them both, and they agree with each other, *if they knew it*. The theory of both is correct. I have used it frequently in cases of hypertrophy, in which the action of the organ was tumultuous, interfering with rest and sleep. Regarding it as an arterial sedative, I give it with no more hesitation than I would digitalis. In certain other diseases, for instance, in ossification of the valves, or in an atheromatous condition, that is, where I had reason to suspect such condition I would *not* give it.

Dr. HUGHES. I omitted to say something in regard to small doses. It has been my experience in giving small doses that they act rather unsatisfactorily; for instance, three doses of five or ten grains as a hypnotic, or in that way. I have never got satisfactory results from administering it thus. A ten grain dose of chloral hydrate usually fails to take possession of the nervous system, and the result is that it becomes a foreign element in the blood, an irritant to the cerebral cells. Now I suppose small doses, repeated before you become acquainted with your patients, would do. I have come to the conclusion, whether subsequent experience will sustain it or not, I can not say, that small doses are not as advisable as large doses. I believe that thirty grains is generally the most efficient with the ordinary patient. It usually serves, without repetition, to take possession of the system to such an extent as to involve the brain in sleep.

In regard to alcohol, I know that it is the experience of Dr. Buttolph especially, that alcohol given at bed-time was a good remedy. Hot whiskey punch, you know, is a favorite prescription of the Doctor, and which he frequently mentions in his reports. I have used it in the same way in cases of debility, used uncombined hot whiskey punch, and in some cases got very satisfactory results.

Of course, in the use of a remedy, it becomes necessary to consider the condition of your patient. Each individual case is a problem to be solved by itself. If you have a patient in whom

fatty degeneration has taken place, in whose organism any of these changes in the nervous system have occurred, which result peculiarly from alcohol, I doubt the propriety of resorting too frequently to a repetition of this agent as a hypnotic. We all know that there are states of the brain when alcohol acts admirably, while there are other conditions of the cerebral organ, when it fails to take possession and induce sleep.

The PRESIDENT. The result of this discussion seems to have established the fact, pretty thoroughly, that however we may differ in theory, yet we all are agreed that the administration of chloral hydrate, and other substances similar to that, should be made with very great caution always, and that seems to be the one point in the discussion to be established.

Dr. STEVENS. I do differ from you upon that point, where you say great caution, you mean that kind of caution that we are to exercise in the administration of strychnine, opium, or morphia.

The PRESIDENT. Precisely.

Dr. STEVENS. But I can not consider it entitled to the name dangerous remedy. Now we use it, and it is almost the universal sentiment of the specialty, that it can be used very frequently, and in very large doses without danger. We have hardly a report to warrant that term. The term, great caution, going into the papers, would set it down as a dangerous remedy.

The PRESIDENT. I trust so.

Dr. HUGHES. In the new book of Dr. Tuke, he has, I believe, incorporated Dr. Andrews' views, and speaks of them in a very commendatory manner. Dr. Andrews detailed some remarkable experiences with chloral hydrate. You recollect he gives the case of one patient who took six hundred grains, and the patient, after sleeping sixteen hours, recovered admirably well. Then there are several cases where one patient took ninety grains at a dose,—took three ninety grain doses, with no ill result.

The PRESIDENT. Yet we have authentic cases, where the administration of forty or fifty grains, caused the patient to sleep over forty-eight hours, showing great exhaustion after waking.

Dr. CURWEN. I question very seriously whether the article used in these cases of excessive doses, was a good article of chloral.

Dr. HUGHES. That recalls the remark of Liebreich in regard to chloral. He states that in the locality where he resides, a number stopped the use of chloral, regarding it as a dangerous remedy. Liebreich says it is not a dangerous remedy. In quite a long article he details the result of chemical experiments with different

manufacturers of chloral, and he found that chloral that had been used in that city, on account of its cheapness, was an impure article. I think that the fatal cases, occurring from our maximum doses of forty or sixty grains, are the result of impurities, and I believe that to be true in regard to chloroform.

Dr. CURWEN. I made the remark I did upon different qualities of chloral, from the fact that sometime since, we obtained at the Hospital, a quantity of chloral, which really was not worth anything. It was supposed to be a good article, but it had a different brand from what we had been using, and when we sent it back and obtained the article of the same firm we had been using before, we had the same effects as formerly. Therefore, I think, that where these large doses have to be given to produce sleep, an inferior quality of chloral must be used.

Dr. COMPTON. The subject of chloral has been so generally and so thoroughly discussed, that I think it would be well to bring it to a satisfactory point. We all use chloral, and have used it with more or less liberality since 1870. Some of us regard it as a sheet anchor in cases of wakefulness: I suppose none of us claim for it the powers of a cure. I simply use it as a hypnotic, and for this purpose, have come to regard it as a most excellent medicine, for many reasons. In its administration, I do not feel that I am required to observe more caution than in the use of opium, or any other harmless drug, if used within due bounds. I seldom use it in doses larger than thirty grains. But thirty grains seem to be regarded by yourself as an absolutely large dose.

Now since some of us have been employing it with this freedom, without accident, and are very apt to continue until we are shown to be wrong, I feel it to be my duty to my patient, to insist that I be corrected. In many cases it is not desirable to use opium or any of its preparations, and we resort to chloral, because it has none of the subsequent bad effects of opiates, it is more reliable, it is convenient, palatable and reliable. If, therefore, there is any class of cases in which it is not safe, I wish to know what class that is, and I respectfully request those who have a larger experience with it than myself, to enlighten me.

Dr. BRYANT. I have used chloral very often, and with a liberal hand, and I can very consistently say, that, in my opinion, chloral, when pure, is not to be regarded as a dangerous medicine when given in the usual quantity, from fifteen to twenty grains at a dose. Has any member of this Association ever witnessed a death directly caused by the poisonous action of chloral. We are told

that persons have died, from even moderate doses of the drug. But when we investigate the cases of those who are said to have been poisoned by chloral, it usually turns out that they have been dissipated, or diseased persons whose lives had been held upon a slight tenure, for weeks or months previously, and it is likely that they would have died suddenly, had they not taken chloral at all. So that the death is *post hoc* and not *propter hoc*.

A full expression of the opinion of the Association, on the poisonous effects of chloral, must be regarded as a matter of interest, both in and out of the profession.

The PRESIDENT. The same was said of chloroform, and it was for a long time disputed, yet there have been very numerous cases of death from it.

In relation to the value of hydrate of chloral, I know of a very curious circumstance. One of our distinguished citizens had been traveling in Europe, for his wife's health. Having exhausted his supply, he called on a London manufacturer, and asked for the best quality of chloral hydrate, when he examined the article he noticed that it was of German manufacture. "Are you aware of what you gave me?" Yes sir: you asked for the best, and I gave you the German. We can not make the same article, because we can not get as good quality of alcohol, as is made in Germany.

I suppose I must continue in my belief that we should use caution, and great caution in the use of this article.

On motion, the Association adjourned to 10 A. M., of Friday, May 22.

FRIDAY, May 22, 1874.

The Association was called to order at 10 A. M., by the Vice-president.

The minutes of the meetings of yesterday, were read and approved.

Dr. Curwen offered the following resolution :

Resolved, As the decided opinion of this Association, that chloral hydrate is a remedy, so peculiar in its effects, and so decided in its therapeutic action, that it should be employed with great caution, and only on the prescription of a reputable physician.

Dr. HUGHES. I move to strike out the words, "with great caution and." I think that is a little too much. It is not material, I think.

Dr. CURWEN. In my opinion, that is the point of the resolution.

Dr. WALLACE. I hope that it will not be done; it will emasculate the original resolution.

Dr. BRYANT. I shall be compelled to vote against this at present, I am sorry to say.

Dr. HUGHES. I shall be compelled to vote against it.

Dr. STEVENS. I shall be compelled to vote against it. I think the people are now timid in regard to the use of chloral. We, who are engaged in the treatment of the insane, use the remedy for cases different from other physicians, our patients are generally in good bodily condition. They use it among the sick, and if the sentiment goes out from this body, that it is really a dangerous remedy, it will prejudice the public against it. It is a most valuable remedy. We are now using it in lieu of opium, and we do not want a feeling against it.

Dr. BRYANT. If the question of poisoning by salts or calomel, were before the Association for discussion, it would be of as much importance as the one on this occasion. Both calomel and epsom salts are usually regarded as being quite harmless in their ordinary action, when given in moderate doses. Yet I doubt not that as many, if not more, people have been poisoned by calomel and salts, since the introduction of chloral hydrate, than by chloral itself. There are but few active, valuable medicines that are not poisons when given in inordinate doses. Those who take chloral themselves, without the knowledge or consent of a physician, almost of necessity use it improperly and inordinately. It is, in my opinion, the abuse and improper use of chloral, which has caused it to be regarded by physicians as a dangerous medicine.

Dr. CURWEN. The reason why I used the words "great caution" is this. It is well known by gentlemen in this room, that persons are in the habit of sending to druggists for chloral, and taking it just as they do whiskey, opium and other articles, to produce a pleasurable sensation.

My professional, as well as private opinion, is that they should be warned against the use of a drug which may be productive of great injury, in the way it is commonly used. Reputable physicians,—and I think all here may well be classed under that term—I believe will agree, that for persons to use it as is too commonly done, without prescription, is attended with great danger.

Dr. HUGHES. The discussion of last night, showed considerable variance of opinion. I believe chloral a valuable therapeutic agent, and that it should be used as other therapeutic agents, with caution. This remedy *can* do harm. Like a surgeon's knife in the hands of an unskillful person, it may kill.

As to using it with "great caution," if this Association should see fit to so pronounce itself, it would go forth as of all hypnotics, to be used with greatest caution. I move to insert, "with caution, like other valuable, or most valuable therapeutic agents."

Dr. RANNEY. Individually, I should prefer to have the resolution passed as it now reads. I think it is a remedy that should be used with great caution. A small overdose, I have seen produce an enervating, depressing effect, diminished appetite, soft frequent pulse, flushed face, and injected conjunctivæ, lasting for twenty-four hours after the hypnotic effect had passed off. Members of the Association have spoken of administering doses of chloral, I should not dare to administer, under any circumstances I can think of. I do not know of any cases, coming into our hospitals, so extreme, as to call for such doses as have been mentioned here.

That chloral has been used very indiscriminately, both by the profession, and the public, there is no room for doubt, and unless some check is interposed, much harm may be done, to be felt as much in the remote future, like some forms of intemperance, if not more, than in the present or near future.

It is most proper for the Association, to take such action, as is implied in the resolution, for something said in the previous meetings, and in some reports, have probably had the effects to extend its use beyond any proper bounds. Within a year I have had occasion to caution a physician, against the use of chloral, in a certain case, whereupon he said, I have understood that hospital physicians use it almost *ad libitum*. It is a drug of much importance, and capable of great good, but singularly liable to be used to excess, and therefore, capable of doing great harm.

Dr. SMITH. I must say, that I am decidedly in favor of the resolution introduced by Dr. Curwen, and somewhat surprised at the decided opposition of several, who have preceded me, as if chloral were a remedy entirely free from danger. While in many cases, as already stated, I believe its value as a medicine can not well be over-estimated, in very many others, I as fully believe its continued use would be extremely hazardous and dangerous.

The writer in the *British Practitioner*, to whom I have referred, states that cases of acute poisoning, from chloral, involving the greatest danger to life, or ending fatally, have appeared, especially in the English Journals, with fearful frequency; and in our own country, can it not be truly said, many deaths have resulted from the improper use of chloral? Many persons, as we all know, have idiosyncrasies, that contra-indicate this medicine, which, as with other remedies, can not be known before its administration. In view of all these considerations, and the fact, as our President has informed us, that it is being used to an alarming extent, by many citizens in the eastern states, as a hypnotic, it is certainly time, and accords with the commonest dictates of humanity, that the medical profession should take strong and unequivocal ground in favor of great caution in its use. And, Mr. President, it occurs to me, that it is particularly incumbent, upon the members of our specialty, to exercise this great caution. Is it not true that the great majority of the patients, in all large hospitals for the insane, are such as would most likely be injuriously affected, by the long continued use of chloral? Its great popularity during the last few years, as a hypnotic, in the treatment of the insane, has induced many of us to prescribe it, not only in recent cases, attended with high excitement, but to a majority of our patients, unable to sleep, and especially if restless, boisterous, and a source of annoyance to others. How common has it been to direct one or two doses of chloral to be given regularly, every day, to such patients, under the impression, perhaps, that the great repose, following its use, would rather counteract, than favor the tendency to exhaustion, so clearly manifested in many of them. If, with the persevering use of chloral, such cases should progressively decline, and ultimately die, would the result be recorded, death from maniacal exhaustion, or chronic poisoning from chloral? My impression, Mr. President, is that, in the class of cases to which I now refer, the effects of the protracted administration of this remedy, have not been sufficiently closely and discriminatingly watched. The cases to which I alluded in previous remarks deeply impressed upon my mind the necessity for great caution, and the more I reflect upon this subject, the more thoroughly am I convinced of the propriety and importance of the resolution before us, and it appears to me, this Association should vote, without hesitation, unanimously in favor of great caution, in using a remedy, fraught with results so insidious, so dangerous, and so fearful.

Dr. PECK. I can see no harm in the passage of this resolution. It seems to me that I can see benefits arising from it, emanating as it does from this Association; and I am very well satisfied, in my own mind, from experience, that the indiscriminate use of chloral has been serious in a large number of cases. I would relate, if it were proper to do so, some experiences rather recent, with relation to the very free and rather indiscriminate use of the drug, to the damage of many of those to whom it had been administered. I can not see any harm, certainly, arising from the passage of the resolution, with the watch word, in connection with caution. I think that the qualification would be an advantage, rather than a disadvantage.

The PRESIDENT. It seems to me, brethren, that some of us can have but very little knowledge of the rapid spread of chloral drunkenness in our large cities, and among females. It is a notorious fact, beyond all question, that women in our large cities, are using chloral to-day to a most alarming degree, and solely because of the almost criminal carelessness with which physicians recommend its use. I do not see what objection there can be to great caution. I can not see what harm it will do. Will it deter any physician from using it in his private practice? If it will in cases which commend themselves to his judgment, he had better retire from practice altogether. It certainly can not do any harm there. It is on the safe side. It seems to me, if we can have unanimity only by emasculating the resolution, then better not have it. I am sorry that the matter has been introduced. It was done after the recommendation of Dr. Hughes.

Dr. HUGHES. I will endorse any resolution against the indiscriminate use of this article. Cases of malpractice may be brought before the courts. Do you propose, when most of the members have gone home, to determine upon a question so important as this, that this remedy should be used with great caution? Opium is a remedy to be used in that way, arsenic, strychnia, &c. Some acids are to be used with great caution. I might mention three-fourths of the remedies used in the *materia medica*, all of which should be used with great caution. Why single out chloral hydrate? To single this one remedy out, and to pronounce upon it, in a meagre meeting like this, as authoritatively as is proposed, would not be judicious. I do not object to condemning the indiscriminate use of this drug, though I regard it as one of the most valuable therapeutic agents. I think we ought not to pass upon it so sweepingly, in such a meagre meeting as this is.

Dr. CURWEN. Twenty out of thirty-five is not a very meagre meeting.

Dr. CALLENDER. As Dr. Hughes has suggested, the meeting has become somewhat meagre, and the resolution of this body will become more or less authoritative. I move that the resolution be referred to a committee of three, to report formally at the next meeting.

The motion was agreed to, and the Chair appointed on said Committee, Drs. Hughes, Curwen and Nichols.

Dr. SMITH. For the purpose of having as much valuable matter before the next meeting of the Association as practicable, I have a suggestion to make. It is well known to some of the members present, that Dr. Bryant, for many years before taking charge of the Kentucky Hospital for the Insane, near Lexington, made a specialty of uterine diseases, and attained enviable distinction in this branch of the profession. I have recently been much entertained in reading a communication of his on gynæcology. The suggestion I have to make is this, that Dr. Bryant be respectfully requested to read a paper before the next Association, containing his experience and views, as to the connection between uterine diseases and the different forms of insanity. The important bearing of this subject in successful treatment will, of course, be readily appreciated by all, and I doubt not the Doctor would read a paper that would prove highly interesting and instructive. Hoping my suggestion will meet his approval, I therefore, move he be requested to prepare such a paper for the next meeting of our Association.

The motion was seconded by Dr. Hughes, and adopted.

Dr. BRYANT. I heartily respond to the request, and will endeavor to have a paper on that subject at the next meeting.

Dr. Fisher called attention to the letter of Dr. Wm. B. Hazard, in regard to the change of management of the St. Louis County Lunatic Asylum, and, after the reading of the letter, Dr. Fisher offered the following resolution:

Resolved, That this body learn with regret of the retrograde steps taken by the Managers of the St. Louis County Insane Asylum, in regard to the management of that Institution—a course which, in view of the uniform experience of the past, can not fail to result disastrously to the welfare of the insane of St. Louis County. The division of authority and responsibility, virtually creates three heads for an Institution of such a peculiar character as an Insane Asylum. The small amount of personal attention required to be given the patients by the visiting Superintendent, and the short term of office must, of necessity, lead to weak and inefficient administration, and is as inconsistent with good government, as would be the appointment of three generals to the command of one army.

After discussion, the resolution was withdrawn.

On motion, the Association adjourned.

After adjournment, the members were driven in carriages to the elegant residence of Dr. W. A. Cheatham, where they spent an hour socially, enjoying his hospitality, and afterwards visited other points of interest around the city.

At 5 1-2 P. M., they were again driven in carriages to Ash Barracks, accepting the courteous invitation of General Pennypacker, to witness the evening drill and review, and afterwards returned to the city.

The Association was called to order at 8 P. M., by the Vice-president.

The Secretary read a letter from Dr. Sawyer, expressing his regret at not being able to attend this meeting.

The minutes of the proceedings of the morning's session, were read and approved.

On motion of Dr. Jones, it was resolved,

Whereas, It has formally been brought to the notice of the Association, that State and County authorities, having supreme direction of Institutions for the Insane, have, by law, departed from the spirit and tenor of the principles, and general regulations for their government, which, after observation, experience and mature deliberation, have been promulgated and recommended by this body, as judicious and humane, therefore:

Resolved, That we re-affirm former utterances of the Association, as fully expressive of our views as to the proper manner of conducting Hospitals for the Insane, and that we earnestly commend those utterances to the favorable consideration and regard of the Managers of Asylums throughout the country.

Dr. Jelly, from the Committee on Resolutions, presented the following which were unanimously adopted.

The Association of Medical Superintendents of American Institutions for the Insane, being about to close its twenty-eighth annual meeting, and its first in Nashville, would not do so without expressing the gratification of all its members, with their visit to this State and municipality, and their grateful acknowledgement of the cordiality with which they have been received, therefore,

Resolved, 1st. That we shall all remember, with pleasure and great gratification, the generous welcome to her borders given us by the Governor of the Commonwealth, and the interest with which we inspected the beautiful Capitol, and gazed upon the portraits of the great men, who living and dead, have made Tennessee so renowned in history; and that we shall bear away with us to our distant homes, the proud recollection of the simple and elegant hospitality accorded to us by the venerable Madam Polk.

Resolved, 2d. That our hearty thanks are hereby tendered to Dr. T. A. Atchison, President of the Board of Trustees of the Tennessee Hospital for the Insane, for the right hand of fellowship, so warmly extended, and, for a delightful evening in his family circle;—to our old confreres, Drs. Cheatham and Jones, for a renewal of old and pleasant associations; to the former for a charming morning, "at home," and to the latter, for unremitting attentions and efforts of himself and Mrs. Jones, to render our stay here in the highest degree agreeable and profitable; and to Dr. and Mrs. Callender, for their warm greeting, their overflowing hospitality, their personal devotion to our enjoyment, and for an opportunity of examining, at our leisure, the comfortable and ample provisions for the care and treatment of the insane, in a hospital structure, worthy of the ancient name and fame of Tennessee, found not only in the light and spacious wards, and cheerful cham-

bers, but also in grounds and groves which nature and art have united to render beautiful and attractive, beyond those of any similar institution in the length and breadth of our entire land. All honor to a Commonwealth, which, desolated, weakened and impoverished by war, has provided so liberally for her insane, and still pours out so lavishly of her diminished treasure for the comfort and consolation of her most afflicted and helpless citizens. We commend, especially, the enlightened policy for determining the locality of her contemplated new Asylums, and the wisdom she has manifested in selecting at the same time, the Architect and Medical Superintendents of these monuments of her people's philanthropy.

Resolved, 3d. That our grateful acknowledgements are made to General Pennypacker, for a pleasant visit to Ash Barracks, and the compliment of a dress parade; to the Superintendent of the Public Schools, S. Y. Caldwell, Esq., to Judge Whitworth, President of the Tennessee Manufacturing Company, and to Dr. Wm. M. Wright, Superintendent of the Penitentiary, for invitations which, the pressure of the business, and duties pertaining to our assembling here, alone compelled us unwillingly to decline; to the reporters of the Nashville press, for courteous attention, and accurate reports of our proceedings, and to the proprietors of the Maxwell House, for an elegant parlor for our meeting, and for prompt attention to the wants of our individual members.

On motion the Association adjourned to meet in Stockton, California, on the third Tuesday of May, 1875, at 10 A. M.

JOHN CURWEN, *Secretary.*

HOMICIDE—SUSPECTED SIMULATION OF INSANITY.

BY I. RAY M. D.

No matter connected with insanity makes a larger draft on the resources of the expert, than the task of deciding correctly in some cases of suspected simulation. This might naturally be expected where a sane person is performing his part with all the ingenuity and cunning which a life of criminal habits is apt to develop, but the difficulty is often none the less where the manifestations are very demonstrative and genuine; and the reason is, that however these may conflict with the results of one's own observations, no one profoundly impressed with a sense of the infinite diversity of nature, even in her wanderings, will be in haste to conclude that they are, on that account simulated. And the chances of reaching a correct conclusion are not increased by the disposition of the expert to forget that, in the very act of guarding against the deceptions of the patient, he is very apt to deceive himself. To add to his embarrassments, the opportunities for testing the mental condition may be very limited, and quite unsuitable. A few interviews with the party in his cell, with such information as attendants may give, furnish, perhaps, the only materials with which he must construct his final opinion. That they are often insufficient to warrant any stronger conclusion than a guess, is precisely what might be expected, and the fact does no discredit to the sagacity of the expert. And yet this is not incompatible with the other fact, that under the surveillance of a Hospital for the Insane, the true character of a suspi-

cious case can not fail, at last, of being correctly understood by any one of considerable clinical experience, and tolerable sagacity.

I have thought the following case worth relating, because it presents a rather unusual combination of traits, and, for that reason, may convey some useful hints to future observers.

In March, 1871, Michel Trimbur, with two or three other young men, was convicted in one of the courts of Philadelphia, of a heinous outrage upon a young woman, and sentenced to fifteen years imprisonment in the Eastern penitentiary. He was of Irish parentage, about twenty-two years old, of rather small stature, and with a countenance indicative neither of stupidity nor ferocity. The crowded condition of the prison rendering it necessary, to some extent, to put two in a room, T. and one of his associates in crime were assigned to the same room, with their mutual consent and satisfaction. And up to the last, they seemed to be on the best of terms with each other. On the morning of the 7th of May, 1872, when the keeper went to their cell with their breakfast, Michel said very quietly that Webb would not need any. On inquiry, Webb was found on the bed quite dead, with his head badly bruised. Michel immediately confessed that he killed him while lying in bed, with the board used for closing the ventilator. When asked how it happened, he said he rose early, and struck Webb on the head, several times, he making no resistance. When asked for his reasons, he admitted that they had had no quarrel, but said that Webb had frequently abused his (T's.) mother, and he would not allow any body to do that. Neither then nor subsequently, did he express any sorrow for what he had done.

Previous to his trial for this second crime, his counsel requested me to ascertain his mental condition, as there was some reason for suspecting that T. was crazy. The officers of the prison where I went for this purpose, informed me that no indications of insanity before the murder, had been noticed by any one, and that they first heard of it some time afterwards. On being asked what they had heard, I was told that while passing from one part of the prison to another, he looked upwards and said to the keeper, "O, what bright thing is that up there?" meaning the sun; and also that having made considerable noise during the night, he was threatened with some privation if he persisted in it, and accordingly he became quiet from that night forth. The officers regarded these two manifestations as mere make-believe, and had no faith in his pretended insanity. During my first visit, which was over one hour long, we conversed about the circumstances of his two crimes, about his family, his education, and employment, and about ordinary affairs and topics in which he might be supposed to be interested, and while he talked freely, without the least reluctance, not a word fell from his lips, that could excite a suspicion of insanity. Though not particularly deficient in understanding, he had obviously received but little education, had no regular employment, and his social surroundings had been of a pretty low order. He gave the same account of the murder which he did at first, and without any sign of regret. Of the first offense, he then and always subsequently, declared his innocence, and there was some reason to think, that in this, he spoke the truth, his only offense being that of keeping bad company.

A few days afterwards, I made him another visit. For some fifteen minutes, the conversation was very much like that of the previous visit. Then he rather

suddenly went to the farther side of his cell, and took from a shelf a cheap card photograph of a child, or young girl, which he brought to me, his whole manner exhibiting a sort of earnestness I had not observed before. This, he said, was his mother, the Virgin Mary, and forthwith he launched out into a stream of talk, consisting of wild, strange, incongruous notions, connected by no obvious bond of association. In this jumble of matter, in uttering which he needed no prompting, there was no repetition of words or phrases, and it was curious to see how a person who could not be supposed to have gained much command of language, could vary his modes of expressing such barren nonsense. The following specimen of his talk will give a better idea of it than any description possibly can.

"I give all of it to my mother. Neither is jealous, and she shall be my wife. I am going to be most a spirit. She needn't die for me and live as long as I live. She shall have as much to do with every thing as I do. She is Mary the mother. I am her third husband—will give her my writings. Jesus Christ was two or three hundred when he died. He laid right down and died. Nothing comes into this world with stronger eyes than I have. I have got to die for that person—any strong person, Lazarus. I am Lazarus, I am to have the strongest eyes in the world, the best hair, the best of every thing. Prettiest man that ever was born—made of the best stuff. Miss Wills was Moses' second wife. Mary, the mother of Jesus is to be my wife."

In the course of the next two months, I visited him twice, and obtained only a repetition of the same sort of discourse and behavior; and these were the materials, in connection with the facts already mentioned, derived from the officers of the prison, out of which I was to

form my opinion respecting the prisoner's mental condition; and the task was not an easy one.

Unquestionably, his exclamation about the sun was simulation. In no form of mental disease with which he could possibly have been affected, can we suppose such a lesion of the mental faculties as that would imply. He was not demented; he was not raving; he had no hallucinations; his perceptive powers were neither weakened nor perverted; and it was the only instance of the kind. This fact raised the suspicion of simulation in regard to all his crazy manifestations, some of which, certainly, were not calculated to remove that suspicion, though none were obviously incompatible with insanity. The entire correctness of his discourse in the first interview, the abruptness of the transition into a stream of wild and whirling words, and the peculiar character of the thoughts they conveyed, produced a first impression not very favorable to a conviction of his honesty. The last mentioned trait seemed indicative of a low grade of dementia more than any other form of insanity, and this seemed to be inconsistent with the clearness and vigor of the rest of his discourse. During my first visit, he was not aware of my function or purpose, but at my subsequent interviews, he knew at least, that I was a physician. This fact too, was a ground of suspicion, stronger to others probably, than to myself. So far then the tendency of his manifestations favored the theory of simulation.

On the other hand, a mature consideration of all the circumstances of the case convinced me that they presented nothing incompatible, necessarily, with the existence of real insanity. Men who have been much conversant with the insane in hospitals—not meaning those whose knowledge consists in having *seen* many

thousand patients—need not be told that sometimes, for one purpose or another, they make a show of being more crazy than they really are. They see what is going on around them, and if not too much occupied with their own condition, they need only a little power of mimicry and a sufficient inducement, to imitate it. In one of our regular hospitals—many years ago, thank God—it was one of the customary performances for the entertainment of visitors, to show off a big, double-fisted, unkempt, unshorn patient, acting the rôle of the furious madman. And he did it, if not very correctly, yet well enough to excite the applause of the lookers on.

Many insane do certain things as well as they ever did; they plan, contrive, anticipate, in furtherance of a special purpose. There is nothing strange or anomalous, therefore, in the fact of their endeavoring to act the madman; of course, in a phase of the disease different from that which they really exhibit. The criminal classes, to which most of these simulators belong, know as well as everybody else, that the plea of insanity is one of the dodges whereby people now escape the punishment of their crimes, and they may not forget it, nor neglect to act accordingly, when they become insane themselves. It may seem at first glance, a work of supererogation, for a man obviously insane to endeavor to impress others with the belief that he is the subject of another and even a very different kind of insanity. The mystery vanishes when we consider that usually, no insane person thinks himself to be insane, believing as they do, with extraordinary tenacity, that the delusions they entertain are gospel truths; while the folly of their actions is strictly in accordance with the requirements of the occasion, and both the delusions and the folly indicative as they think, of the soundest reason.

For the purpose in view, therefore, the rôle of the simulator is as necessary to them as to others. Thus, Trimbur, being unconscious of his own real insanity, but with mind enough to understand his situation, and to remember what he had heard about insanity in connection with crime, concluded to make a show of being crazy.

I have said that the style of his discourse resembled that of dementia—a form of disease not to have been expected under the circumstances—and therefore suspicious. Unusual, such a phenomenon certainly is, but I am not prepared to say that it is conclusive proof of simulation. We must be cautious how we consider the experience of any individual in so vast a field as the aberrations of the human mind, as having comprised every form and shape which they can possibly take. The larger our experience, the more are we impressed with the infinite diversity of nature, even in the domain of mental pathology, and all, too, under the control of inflexible law. A closer observation of the prisoner might have revealed some connecting links between the sound and unsound trains of thought, which would have rendered the contrast less extraordinary.

Again, it was a very significant fact in regard to his mental movements, that the perceptive faculties exhibited no aberration whatever, except the single instance first mentioned. Questions involving relations of time, space, distance, &c., were always correctly answered, and indeed, in regard to all ordinary matters, clearly beyond the sphere of his wild notions, there was not a sign of derangement, real or pretended. Thus he abstained altogether from the dodge—if I may use the term in lieu of a better—which naturally presents itself to the simulator. His object is to make an impression, and he chooses, therefore, the strongest and least mistakable manifestations of disease—such as will be

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known at once to all men. He says, perhaps, that he is a hundred years old; that a place near by is a dozen miles off; that he knows not at all, persons with whom he has been intimate all his life; and in short, he misrepresents the simplest matters of fact that happened under his observation. He may not show this trait in every particular, because he may be afraid of over-acting his part, and think his purpose better answered by holding up occasionally, but he will not entirely abstain from using the opportunity thus afforded for making an impression.

It must be borne in mind that it is the simulator's purpose—the part he has undertaken to perform—to appear insane, and consequently he is careful not to appear sane, especially on occasions when his ends would be furthered by a successful imitation. He even lays plans for obtruding his mental disorder on the notice of the observer, though exercising all his ingenuity, perhaps, to conceal his design. It is not very likely, therefore, that Trimbur, if he had shrewdness enough to undertake the task of convincing others that he was actually insane, would have allowed our first interview to pass without the slightest attempt in that direction. He might not have suspected my purpose precisely, but he could scarcely have helped suspecting that I had some purpose. Accompanied as I was, by the physician of the prison, by his keeper, and part of the time by one of the officers, it was an opportunity he would have been only too glad to use. Indeed, with the exceptions above mentioned, it did not appear that he exhibited any sign of insanity, simulated or otherwise, to any officer of the prison.

It is a circumstance also worth considering, that in his statements respecting the murder, when first discovered, and before he was likely to have formed any plan

of simulation, he made no attempt to palliate the deed, as a sane man probably would. He never pretended that there was any sudden quarrel between him and his companion, that the latter provoked and assaulted him, and that he acted in self-defense. Calmly and quietly, he declared that he killed him while lying in bed asleep, because he had abused his mother.

We are to bear in mind that, on any question of simulation, we are to take into the account the moral, intellectual, and social character of the party. A skilful attempt implies some knowledge of men and things, some notions, however crude, about insanity, some power of mimicry, and great tenacity of purpose. Most simulators have picked up from books or personal observation, some ideas of how insane people act and talk; and sometimes a knowledge of their antecedents will show the particular model on which their imitation is founded. Now no mortal could have been less qualified for acting the simulator of insanity than Trimbur. He was young, not very bright, with little education, his knowledge of the world was limited to a particular locality, abounding in the rough and rowdy element, and he probably had never seen an insane person in all his life. I found it difficult to believe that a person with such a record, could, by pure force of invention, achieve a jumble of thoughts so nearly resembling the utterances of the insane. And in recording them, as in the specimen above given, I found it impossible to follow him so rapidly as to get the vague, broken, indistinct, half-uttered expressions marking the transitions from one definite thought to another, and of which only those familiar with the insane, can have any adequate conception.

Here then were the reasons for and against the theory of deception, and had no attempt to deceive been made,

as I was obliged to think there had, I should not have hesitated to believe him truly insane. As it was, they greatly preponderated, but so long as there was wanting that test furnished by a more close and continuous observation of discourse, deportment, manners, freaks and fancies, than is implied in an occasional, formal interview, when the person is controlled and restrained by the presence of a stranger, and if actually attempting to deceive, summons all his resources for the occasion,—such an observation as he would undergo in the wards of a Hospital for the Insane,—I was not ready to relinquish every doubt. However strong the presumption in favor of the prisoner, complete confidence was unwarranted, under the circumstances. And so on the trial, in September, 1872, I testified that while the prisoner had every appearance of being insane, he might possibly be simulating, and that I had not had such opportunities for testing his mental condition as were needed for forming a certain conclusion. He was convicted of murder in the second degree, but his counsel applied for a new trial which, after considerable delay, was granted. On the 14th of November, 1873, he was tried again, and acquitted, on the ground of insanity. The medical officers and others connected with the prison had become so strongly convinced of his insanity, that their opinion was readily accepted by the jury.

In May last, I visited Trimbur in the jail. He had grown more stout in body, and more stolid in look. The keepers told me he had been uniformly quiet and well behaved, and neither exalted nor depressed. He was as ready to talk as ever, and his talk was the same sort of jargon that I heard before. He spoke occasionally of the Virgin Mary, though less of her being his wife or mother, but his favorite topic was the excursions he frequently made into various parts of the city. Among

those who came to his cell at one time or another, and took him out, he mentioned General Washington, General Grant, Adam Sharp, Mr. Down, "or some one just as they are sent from Heaven or court. The Virgin Mary sometimes because she is my aunt." When asked what he did when out, he replied that he kept a shop and sold things, and again to the same question, he replied, "you must do something to help Philadelphia." Running on in his way, he said, "Those people are all mixed up, all help get the world in order. When they get arrested, I make it very easy for them, I would like to get out of prison. Most all of them is in use—the best of them. Most in prison don't get out." The indistinct utterances, the rambling undertones interspersed among the more definite expressions, so characteristic of insanity, it is beyond my power to give. Again about the middle of August, I visited T. and found no change in his manifestations. If stopped in the midst of his jargon, and asked how old he was, how many brothers and sisters he had, his mother's maiden name, how far it was from a certain locality to a certain other, the names of some old associate, the answers were correctly given.

About this time, I first heard of an incident which, had I known it in the beginning, might have removed my doubts respecting the true character of the case. It seems that a week or two before the murder, T. was visited by his mother, who came away greatly distressed, saying to one of the keepers, that her son talked very strangely, as he had never talked before, and she was afraid he was getting crazy.

The history of the case here related, justifies me, I think, in drawing the following conclusions, viz: first, that Trimbur is now and was at the time of the homicide, really insane; secondly, that apprehending the

consequences of the act, he concluded to simulate the disease of which he was already the unconscious subject; and thirdly, that finding it produced no impression, or that his powers of deception were unequal to the task, he abandoned the attempt after one or two trials.

The above narrative furnishes a strong illustration of the difficulty of dealing with such cases in penitentiaries and jails. No one practically acquainted with the ways of the insane, need be told that such institutions furnish very inadequate opportunities for ascertaining the real mental condition of a prisoner suspected of feigning insanity. So far as it is confined to the manifestations during a special interview, he may escape detection, because he is fairly pitted against the expert, and the trial of his powers is very brief. In a hospital, on the contrary, he is observed much of the time, in every variety of circumstances, and liable at any time to be watched when he least suspects it. His manners, gestures, looks, habits, temper, conversation, may yield revelations more satisfactory than the wildest utterances; and the show of disease so well maintained by a careful and special effort, is constantly liable, under the influence of familiar circumstances, to slide into a natural deportment. For lack of any opportunity of this kind, I was obliged to withhold a positive opinion, notwithstanding my strong impression that I was dealing with a case of genuine insanity. As it happened, no harm was done, for the court, understanding the situation, purposely forbore to press the hearing for a new trial, the prisoner in the meantime becoming so obviously insane, that his acquittal was not resisted by the District Attorney. Every court, however, is not so considerate, and we can easily believe that in some parts of our country, Trimbur would have been summarily hanged.

It is highly desirable that the opportunity should always be furnished somehow, for subjecting such cases to a kind of examination long enough and close enough to remove every doubt. Some of them, surely might be satisfactorily investigated, even in the prisons, if the physicians attached to those institutions had some practical knowledge of the disease, and it were made their duty, as it never is now, to examine into their mental condition, for the purpose of giving an opinion on the trial. Why should it not be an indispensable qualification for the office, that they should be familiar enough with mental affections to entitle their opinions to some degree of respect?

STATE OF MISSOURI *vs.* ANTON HOLM, MURDER IN FIRST DEGREE.

BY CHARLES H. HUGHES, M. D.

In this case, Anton Holm, killed his wife, Ida Holm, in July, 1872, in St. Louis.

"The prisoner relied on insanity and provocation."

* * * * *

"The jury found, after consideration of the evidence, that no insanity existed," and rendered a verdict of guilty. Mo. Repts., v. LIV, S. C., 1873.

Pending the sentence, the counsel for the prisoner appealed the case to the Supreme Court, principally upon the ground that the prisoner did not get the jury to which he was entitled, two of the first twelve names having been omitted in calling the jury. For this reason the Supreme Court reversed the judgment of the Court below, and remanded the case. The Court did not "review the finding of the jury in respect to insanity."

In the first trial of the prisoner, the defense of insanity was not sustained by the concurring testimony of recognized experts, though the facts as elicited on the first trial, tending to prove insanity, were substantially the same, as hereafter appears, and medical gentlemen pronounced the prisoner insane. The prisoner was again tried in July, 1874, and the jury, after being out less than an hour, returned a verdict of "not guilty by reason of insanity at the time of the homicide."

The experts testifying in the case were Drs. Chas. W. Stevens, Wm. H. Wood, J. K. Bauduy, Wm. B. Hazard, M. A. Pallen, and the writer.

Their testimony was uniform and unanimous, both as to the kind and degree of insanity.

All of the above named gentlemen have had practical asylum experience with the insane, save Dr. Pallen.

Drs. Bauduy and Pallen testified upon the following hypothetical case, which was also testified to by the other experts, as a correct embodiment of the whole testimony, after having sat through the trial and heard all the evidence.

Drs. Stevens, Wood Hazzard, and the writer, testified that the prisoner was insane, both from the facts elicited on the trial, and as set forth in the supposed case.

The insertion of the hypothetical case, therefore, serves to clearly exhibit all the features of this important trial, and to abridge, at the same time, our article.

HYPOTHETICAL CASE.

"Suppose it is proved that a man is passionately attached to his wife, that he ardently loves her, that she proves unfaithful to him; that he finds her, or imagines that he finds her, almost in the act of adultery; coming to the house at an unexpected time, his wife comes to the door in her night gown, and he sees, or imagines he sees her probable paramour escaping; he, the husband, stabs her whom he so ardently loves, instead of the paramour, and after the deed, licks the dagger clean of blood; saying, afterwards, he did it because he "loved her so."

After the act, he carries the knife in his hand, or carries it strapped to his back, to a house where he had been accustomed to stay, and was well known; and the dagger thus strapped to his back is visible; he there sings a song and drinks some beer, talks so incoherently and strangely, that the woman of the house, who had known him be-

fore, notes the change, and thinks him insane; he says frequently to himself in an audible voice, while taking high and long strides across a large hall, differently from his usual walk, "Now she's got it; she swore I wanted to kill her, but I did not." These strides across the hall being repeated several times during the night, with the individual carrying a dagger clutched in his hand or strapped on his back, and the same expression, "Now she's got it; she swore I wanted to kill her, but I did not," being repeated over and over again during these walks; he talks all night to himself, audibly, and incoherently, imagining the lady of the house to be his mother, asking often if he was safe, and sleeps none. Immediately and for some days before the homicide, he has fever, in this condition begs to be admitted to his own house, but is excluded by his wife on three or four different occasions, the same evening.

He goes to work for a man, [Andrew Auer,] the day before the homicide, but talks and looks so strangely, that the man thinks him crazy, that he will set fire to his house, and threatens to send him to the Lunatic Asylum, pointing to it, and saying that is the place for him.

Suppose this man is overheard talking to the cow at the stable about his trouble, and praying to or by her, mentioning frequently the names of his wife, and milks the cow on his knees.

Suppose at this time that he puts the collar on the horse's neck, instead of placing the bridle on him, or the bit in his mouth, and kisses or attempts to kiss the horse, and walks the room during the entire night preceding the homicide, talking to himself, and has diarrhoea and fever.

Suppose on the same day of the homicide, a few hours before it, he enters a confectionery, calls for and

eats ice-cream, picks up a fan worth five cents, is about to leave the establishment with the fan without paying, his attention is called to the fact by the proprietor, when *he* claims the fan; is told by the proprietor he can purchase one for five cents, when he insists upon retaining *that one*, offering to pay fifty cents for the same.

Supposing on the day preceding the homicide, he goes into a strange lawyer's office, and makes free with every thing there, [Mitchell,] strips to his waist, washes himself in the lawyer's wash-bowl, wipes on his towel, and when asked where he came from, says, "it is none of your business," and altogether acts so strangely as to appear crazy to parties who observe him there, and when reproved for his audacious freedom, says, "Excuse me, I have so much trouble with my wife," and then, having finished his washing, washes and wrings out the towel, and washes out the pitcher and bowl.

Suppose at another time he was seen striking the air, and acting curiously and strangely, by another witness, [Emeline Fitzgerald,] two months before the homicide, and by divers persons, on sundry occasions, at different periods of time, running a long time before the homicide.

Suppose he goes into a store or bakery, and asks for pies or bread, and when not understood by the proprietor, says, "Do you call me a damn Dutchman."

Suppose this same man considered and pronounced insane by his wife sometime before the homicide.

Suppose him talking to strangers, and people who had no interest in the subject, about his troubles and his feelings, that he loved his wife, but that she didn't love him; exhibiting his wife's picture in the saloon or theater, weekly for many weeks, and saying continually or often, "I love my wife," making the impression of one not right in his head, upon many who saw him act and heard him talk.

Suppose such a man eating his wife's rotten tooth, or putting it in his mouth and biting it, riding a broomstick about the yard; imagining himself an officer of a regiment, commanding his troops, and speaking to them as if he thought he was going into battle, telling them to be brave, &c.

Suppose him talking, singing, and laughing too, and with his wife, hugging and kissing her, and then jumping up and calling her a damned whore, and striking at her, and almost immediately sitting down again and singing and laughing, and talking at and with her as he did before.

Suppose him threatening to kill his wife with a syringe, holding it like a pistol, and by other acts and sayings making the impression on the minds of witnesses that he was crazy. [Schultz and Chandler.]

Suppose his conduct such as to create the suspicion of drunkenness upon others, who subsequently ascertained that he was not drunk. [Pauhl, M. McMurtry and Amspaugh.]

Suppose him accustomed to put his hands to his head and complain of its hurting him.

Suppose he had fever a week before the homicide, and acted and made the impression of being crazy. [Maud Ferguson.]

Suppose such a man employed in a Clothing House, and imagining the boys are plaguing and annoying him.

Suppose him looking foolishly into his employer's face and laughing without cause, when told to do a thing, and making an impression that he was drunk, when the witness who testifies to this, [Captain McMurtry,] afterwards satisfies himself that he was not drunk at the time.

Suppose this humble employ  e imagining and acting as if he owned the store, "run the machine himself," in witness' own language. [McMurtry.]

Suppose when sent out to distribute circulars, he would habitually go to but one or a few places, and forget to go to others to which he was sent.

Suppose in short, he becomes so changed in actions and manner and expressions, as to attract the attention of those who knew him best, and caused them to consider him deranged. Suppose he stabbed himself in the arm on one occasion, designedly. At about this time, and under these circumstances, he takes the life of his wife, whom he so strangely and ardently loves, takes her life openly and without effort at concealment, and after the deed, talks about her and the deed that he has done in the manner already mentioned; does not leave the city, goes to a place where he is well known, is seen and there arrested, while pacing the floor, and talking of his wife, a few hours after the homicide; acknowledges the deed by saying, "he had thrown the dagger out of the window," when search discovers it on his person.

Suppose his arrest grows out of the fact that a policeman heard him talking from a second story window, he, the policeman, being on the opposite side of the street, and hearing the repeated expression, "I stuck the knife into Sophie."

Suppose a few hours after he is arrested, and a few hours after the commission of the act of homicide, he is agitated and dejected; has a strong, corded, irregular pulse, cold sweats on his face; complains of feeling badly in his head; seems absent-minded; has to be asked a question several times, before his mind responds; puts his hands to his head repeatedly; acts like a person awakened out of a sleep; realizes what he has done when told that his wife is dead, and admits the act.

Suppose these facts proven to be true in regard to the prisoner, was he in your opinion sane and respons-

ible, or insane and irresponsible at the time of the commission of the homicide?"

This case is so plain, that the failure of the jury to recognize insanity in the first trial, could only result from the popular prejudice existing in relation to this plea of insanity in criminal cases. The prisoner's insanity was manifest to nearly all with whom he came in contact. He made the impression that he was "crazy," "not right in his mind," "insane," or that "something was wrong with him." All the witnesses, save two or three, believed him "deranged." Some, at first, suspected that he was drunk, but upon becoming better acquainted with him, became satisfied of their mistake. The prosecution was ably conducted upon the theory of intoxication—which, however, was not all sustained by the facts. The practical alienist will recognize at a glance about as many of the evidences of insanity, as are usually presented in one case.

The delusions alone are sufficient. "These," as Dr. Ray* justly remarks, "if genuine, can only spring from insanity." The strange and unnatural acts of the individual, which mark the departure from his former natural habits of thought, feeling, and action, mark the case as one of mental aberration.

One fact, not developed in the trial, was the calling of his wife Sophie—the name of one of his sisters—after the act of killing, and so continued to speak of her until arrested.

The only question in this case which would seem to present itself to a practical expert, is that of feigning. But the idea of feigned insanity must be excluded; feigning is always done with a motive, and that motive, in such cases, is to make such an impression as to secure acquittal. Those who feign insanity, rarely

* Ray's Med. Juris. of Insanity, 4th Ed. p. 157.

or never cease to feign it, until after a verdict is reached.

If Holm feigned insanity, he feigned it without a motive, and a motiveless feigning of insanity, like any other act without a motive, would be itself indicative of insanity, though not perhaps of the kind attempted to be feigned. The kind of insanity manifested by Holm, was that which criminals often feign, but they are not known to cease the attempt at feigning at the time when evidence of insanity is most needed to secure their acquittal. There was no evidence that Holm had ever been connected with an Insane Asylum, or that he knew anything about what constituted the essential features of the disease.

In this case, the prisoner's mental aberration culminated in the killing, and from that time began to decline. He had a delusion in regard to the poisoning of delicacies brought him by a friend, while in prison, and continued agitated, sleepless and dejected, for a short time, but during his appearance in Court, showed no signs of insanity, and at the present time, two years after the homicide, appears quite rational.

The issue of this case—the prisoner's life being saved only through the legal technicality which procured him a new trial—demonstrates how inadequate juries are to pass upon the question of insanity, unaided by expert testimony. One jury, hearing all the facts, clutches eagerly at the possibility of repeated intoxication, *not found*, and pronounces a verdict of guilty; another, upon the reproduction of the same facts, acquits.

The question of insanity is a question for practical medical experts, like any other question of clinical experience. It is one of disease, to be determined by the physician, who has become familiar with insanity in the hospital. "We must live with the insane," says

the great Esquirol, "in order to comprehend them," but the law still says otherwise. Any one may pass upon certain marked forms of insanity. The more manifest cases of mania, dementia, or melancholia, may be recognized by the non-experienced, but the more obscure varieties of insanity can only be safely determined by clinical experience. The recovery of Holm was only in accordance with experience in such cases. Within two years from the beginning of his attack, he recovered of the disease; pursuing the usual course, he would by this time have passed into a state of chronic insanity, or recovered.

A commission "*de lunatico inquirendo*" having been appointed by the Court, all who examined him—Drs. Stevens, Hazzard, Wood, and Hughes—pronounced him "at present rational," and the prisoner was liberated upon a writ of *habeas corpus*, after a confinement of two years.

What may be the further issue of this case, no one can with certainty determine. He may have another attack. According to Blandford, about three-fifths will have a second or third attack sometime in life. Still, we properly pronounce the insane recovered, and discharge them from our hospitals, and two-fifths or more of them, continue sane the rest of their lives.

Holm may never again be subject to so powerful an exciting cause. His insanity was not homicidal in the true sense of the term—the killing being only one of many insane acts—nor did he have any apparent organic disease of the brain, such as would justify an opinion that it was not safe for him to be at large, because of a strong probability of relapse.

It is a source of regret that the popular mind, and the mind of courts, are so ill informed on the subject of the curability of insanity, the general belief being that

recoveries among insane persons are exceptional, instead of the rule, and that the chances for the recurrence of an attack of insanity, and for permanent restoration, are, perhaps, about equally balanced. It is owing to this ignorance that experienced alienists—and the more experienced, the more liable are they to decide adverse to popular notions—are often censured for the apparent inconsistency of pronouncing a man insane at the time of the commission of an unlawful offense, and rational at, or after, the time of trial. The only remedy for this is to enlighten courts, juries and people, until the jurisprudence of insanity shall be made to accord with the facts of science and practical experience. When this is done, the plea of insanity will have its just weight, and real criminals, who feign insanity to escape the penalty of capital crimes, will go under proper surveillance, until their feigning is exposed, and they suffer the penalty of their deeds.

PSYCHOLOGICAL MEDICINE, CONSIDERED AS A SPECIALTY,

WITH SOME SUGGESTIONS AS TO THE AWARD OF DIPLOMAS
BY THE ASSOCIATION OF SUPERINTENDENTS OF
HOSPITALS, FOR THE INSANE.

BY R. P. HUGER, M. D.,
Assistant Physician, Alabama Insane Hospital.

The science of Psychology is developing so rapidly, and expert testimony assuming a position of such vast importance in Medical Jurisprudence, that this branch of medicine must soon become, if it is not already, a recognized specialty, as much so as Diseases of the Eye and Ear. It will naturally result from this that only those will be regarded fully capable of representing its most advanced views on the witness stand, and therefore entitled to the confidence of the community, who have devoted much of their time to the daily observation of the insane, and have thereby acquired that familiarity and, as Blandford says, "intuitive appreciation of insanity," which is as certainly possessed by the practical alienist as is the *tactus eruditus* by the obstetrician and surgeon. We are no more able to form clear and satisfactory views of Insanity without close and constant study of its victims, than a botanist is capable of arranging or classifying a new genus or order of plants, without correct knowledge of the organic structure, modes of inflorescence and other physical properties on which such classifications are based.

The most approved method of teaching ordinary medicine, at the present day, is to bring the student as much as possible into intimate relations with the sick,

thus recognizing the necessity of acquainting him, not only with the symptoms and treatment of the disease, but actual bed-side experience. Colleges rival each other in offering the greatest facilities for clinical observation, the student always infinitely preferring the hospital to the lecture room, the patient to the picture, and dissection to the map. This thirst of the student for practical information may be hailed as the most promising indication of the future progress of medicine and the advent of a well-educated, original and reliable class of physicians, who will reflect honor upon their calling, and force the public to distinguish the worthy practitioner from the vile pretender.

If clinical instruction then is so universally regarded as essentially necessary for the successful practice of medicine, should not personal association with the insane be a necessary qualification in him who would stand at the tribunal of Justice and testify in cases of supposed insanity, involving not only property, but liberty and life? So sensibly has the want of sound and trustworthy testimony been felt, and so heartily sick has the public become of the conflicting views of so called "experts," that it has already been proposed, in one of the States, to appoint Commissioners in Lunacy, to whom shall be referred all pleas of insanity.

The safety of the individual, as well as the peace and dignity of communities and States, alike demand that this important interest be placed in competent hands. The precise relation of insanity to crime, and the extent of responsibility in any given case, have ever been interesting and perplexing subjects to our best Judges and Jurists, and will continue to become more difficult and troublesome as our population increases and insanity is more freely pleaded as an excuse for crime. This matter must receive immediate attention. It will

not admit of longer delay or further postponement, for the innocent must be protected, and the guilty punished. Leading members of the legal profession, recognizing in it a subject, in the very nature of things, beyond their ken, are, as a rule, more than willing to leave the whole proposition to be worked out principally by medical men. As a proof of their sincerity in this respect we have only to examine reports of trials in cases of alleged insanity to find that, in nearly every instance, the verdict, *pro* or *con.*, has been determined by medical testimony.

How then shall the medical profession prove itself equal to the emergency, and worthy of the high trust committed to its care? Few men would allow their eyes to be operated upon by a person, however great his theoretical information, who had never performed nor witnessed those nice operations upon this delicate organ, when they could avail themselves of the services of a practical oculist. With at least equal solicitude should courts of justice seek to secure for the accused, the assistance of those, who by a thorough course of instruction and opportunities of observation are entitled to the respectful attention of the jury and confidence of the court. Indeed that judge would be guilty of an act of great injustice, both to the prisoner and the State, who would summon to his aid, as an expert, a physician who had perhaps never put his foot into an Asylum for the Insane, read through a standard work upon insanity, nor treated more than a dozen cases in his entire practice. He might with equal propriety send for examination, a stomach supposed to contain arsenic, to a person who had never tested for this salt since he left college, some ten or twenty years before. The testimony would be every bit as valuable (?) in the one case as in the other, perhaps in favor of the latter: for a few hours close study might go far to supply him with the necessary informa-

tion; but what jurymen even then would not receive his report *cum grano salis*!

It becomes then the paramount duty of the medical profession to indicate proper persons who are fitted, both by special education and training, to be employed by the courts in cases of lunacy. As far at least as our country is concerned, it devolves upon the American Association of Medical Superintendents of Insane Hospitals to undertake the initiatory steps of bringing about this desirable reformation; for to it, in the eternal fitness of things, must sooner or later be assigned the task of solving this difficult problem. In our opinion success can only be attained by adopting one of two methods; the establishment of Medico-Psychological schools in connection with Insane Hospitals—where graduates in medicine can acquire a scientific, as well as *practical knowledge* of insanity, as has lately been proposed in Germany—or else, what would seem more feasible, the adoption, by the Association, of a system of conferring its diploma on such persons as are willing to submit to an examination, and who, having complied with all the requirements and studies demanded, are considered in every way worthy to receive it. Let the requirements for this diploma be so high, that none will seek it except those who are willing to exert all their powers to obtain it.

We would offer as a suggestion, that the examination for this diploma be conducted as follows: After a thorough examination of the candidate upon the principles of Psychology, let him be conducted, by a committee appointed for that purpose, into the wards of an Insane Hospital, and be required to show his practical knowledge of the insane, by classifying, after examination, a limited number of the patients, according to some well recognized system. This would open up a new field for

the praiseworthy ambition of a large number of young men; those especially who, having devoted several years of their professional life to the study of the insane, would have in this diploma, not only an unerring evidence of time profitably occupied, but a sure guarantee of excellence in this particular department of medical science. In a short time we would have in our land an important class of men, from which not only to select our future Hospital Superintendents, and Professors of Psychological Medicine in our Medical Colleges, but to which our courts of justice might safely appeal for that information so necessary in "tempering justice with mercy," and which would enable them to send the guilty impostor to the gallows or the penitentiary, and the afflicted lunatic to the comfortable home prepared for him by enlightened civilization and christian benevolence.

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mendation. The reports of the various sections reflect the progress made in their special branches, and present to the profession a condensed abstract of medical advance during the year. To the physician who has but a limited supply of periodical literature, this is a valuable source of information, as it places in comprehensive review before the mind, the facts of annual progress.

In the section on Surgery, we find noticed the new bloodless operation of Esmarch, and also a condensed report of the most recent views expressed regarding the nature of Cancer.

The report of the section on Anatomy, refers at length to the recent experiments of Ferrier on the localization of movements in the cerebral hemispheres; to Nothnagel, "On Experimental Researches upon the Functions of the Brain;" to Benedikt, "Upon the Innervation of the Inferior Choroid Plexus;" and to Hulings Jackson, on "Discharging Lesions of Disease." Dr. Parrish contributes a paper on "The Pathology of Inebriety," and Dr. Conrad on "Small Pox." There are other short papers of clinical interest. We may say that the Societies of many larger States do not present so interesting and valuable a record of their transactions.

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This is a small, but interesting volume, and contains the address of Dr. Jenks, President of the Society, "A Report of Cases of Malignant Tumors of the Jaw;" "Observations on Several Practical Points of Ophthalmology;" "A Report of a Case of a Tumor of the Cerebellum," and other papers. "The Report on Ventilation of Dwellings of the Poor," by Dr. R. C. Kedzie, of the State Agricultural College, is an admirable paper, and contains most important and valuable information upon the subject of ventilation. The theories given are in

accord with the most advanced and strictly scientific views. So much trashy and impracticable matter has been written regarding ventilation, that it is really encouraging to find the subject presented in a way that can be easily understood, and readily carried into practice in the homes of the poorest citizens. We sincerely hope that the day may soon come, when the ventilation of all rooms will be considered as much a necessity, and be as well provided for, as that of protection from the elements.

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COMMISSIONERS IN LUNACY, STATE OF MASSACHUSETTS.

—The State of Massachusetts, by an act of its last Legislature, created a Commission of Lunacy, and established the following as its special duties: "To examine carefully the laws of the State, concerning lunatics and their treatment; and second, to investigate the actual condition of the several Asylums of the State, and all matters pertaining to the condition of their inmates, their diet, restraint, health, comfort, liberty of communication, &c." Dr. Nathan Allen, of Lowell, and Wendell Phillips, of Boston, have been appointed Commissioners. They are instructed to report during the first week of the next session, the results of their investigations; to recommend changes in, or amendments to the Lunacy Laws; and also to make suggestions promotive of the comfort or welfare of the insane. It is not necessary for us to introduce either of these men to our readers. Dr. Allen has been known for years to the profession by his scientific investigation of medical and social questions, and has had an experience of ten years upon the Board of State Charities. The name of Wendell Phillips carries to all minds a conviction that his action will be characterized by honesty of purpose in the interest of humanity, without fear or favor.

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COMMISSIONERS IN LUNACY, STATE OF MASSACHUSETTS.

—The State of Massachusetts, by an act of its last Legislature, created a Commission of Lunacy, and established the following as its special duties: "To examine carefully the laws of the State, concerning lunatics and their treatment; and second, to investigate the actual condition of the several Asylums of the State, and all matters pertaining to the condition of their inmates, their diet, restraint, health, comfort, liberty of communication, &c." Dr. Nathan Allen, of Lowell, and Wendell Phillips, of Boston, have been appointed Commissioners. They are instructed to report during the first week of the next session, the results of their investigations; to recommend changes in, or amendments to the Lunacy Laws; and also to make suggestions promotive of the comfort or welfare of the insane. It is not necessary for us to introduce either of these men to our readers. Dr. Allen has been known for years to the profession by his scientific investigation of medical and social questions, and has had an experience of ten years upon the Board of State Charities. The name of Wendell Phillips carries to all minds a conviction that his action will be characterized by honesty of purpose in the interest of humanity, without fear or favor.

LAYING THE CORNER STONE OF THE STATE HOSPITAL FOR THE INSANE, WARREN, PA.—The ceremony of laying the corner stone of the new Insane Hospital, for Northwestern Pennsylvania, took place on the 10th of September last. In a previous number of the JOURNAL, a full description was given of the location at Warren. Governor Hartranft was present, and made the opening address. The oration by Hon. G. W. Scofield, gives evidence of much research, and of a lively interest in the welfare of the insane.

Letters were read from Drs. Ray and Kirkbride, regretting their inability to be present, and expressing their interest in the undertaking. Dr. Worthington, of the 'Friends' Asylum, at Frankford, made appropriate remarks. It is estimated that 5,000 persons were present, and a degree of enthusiasm was manifested which augurs well for the success of the enterprise, and for the hold it has upon the people.

Much work has already been accomplished in opening quarries, preparing the ground and building foundations. The judgment of the Commission in choosing the site, and the economy of the purchase, securing the two hundred acres for \$17,000, were commended by all.

DEATH OF DR. FRANCIS T. STRIBLING, SUPERINTENDENT OF THE WESTERN LUNATIC ASYLUM OF VIRGINIA.—Dr. Stribling died after a brief illness, on the 23rd of July, 1874, in the 65th year of his age. He was born in 1810, in Staunton, Va., where he spent the subsequent years of his life. He was educated at the University of Virginia, and was the first medical graduate of that Institution. After graduating also in Philadelphia, he established himself in his profession in his native town, where he acquired an enviable reputation, and in 1836, at the youthful age of 26, was elected

a physician to the Asylum. In 1840 he was elected the Superintendent, which position he occupied till his death.

His management of the Institution, was such as to gain for it the confidence of the people and the medical profession, while his personal traits of character endeared him to his friends and associates, and the unfortunates under his care. Dr. Stribling was one of the "original thirteen" members of the Association of Superintendents of Institutions for the Insane. He attended but few of the meetings, though he always manifested great interest in its success. Under his charge the Institution increased from 72 to about 400 patients. In his earliest reports in 1844, and in subsequent years, Dr. Stribling urged upon the attention of the Virginia Legislature, the demands of the colored insane, and that suitable separate provision be made for their care. He continued to advocate the claims of this class for many years, and finally had the good fortune to see them recognized by the establishment of the Central Lunatic Asylum, near Richmond.

It is not our province or purpose to write any extended notice of the life and duties of Dr. Stribling. This task will fall appropriately upon some of the members of the Association, who have for so many years been connected with him as co-laborers in the same field. We would, however, express our sorrow at the loss to the profession, to the insane, and to humanity, of one whose life has been devoted to the interests of all, and whose monument is found in the Institution he so successfully conducted, and in the memories of those who experienced his kindness in the sad hours of their affliction.

—We have received the prospectus of the *Archives of Dermatology*, a quarterly journal of Skin and Venereal

Diseases. This is to appear about this first of October, and will be conducted under the editorship of Dr. L. Duncan Bulkley. Among the contributors are the names of well known writers upon the subjects to which the Journal will be specially devoted.

—As we go to press, we are deeply pained at the announcement of the death of Dr. Francis E. Anstie, the able editor of the *English Practitioner*, the more so, as it occurred from a dissection wound, while engaged in scientific research. He was but 41 years of age, and had attained an eminence in the profession held by but few, and in therapeutic medicine had no superior. He held the position of Physician to Westminster Hospital; Lecturer on Medicine in the Westminster Hospital School; and Physician to the Belgrave Hospital for Children.

THE DIET IN ALBUMINURIA (*Hartsen*.)—It seems natural to prescribe to patients with albuminuria, a diet rich in albumen, inasmuch as they are losing albumen by the urine. But the fact has often been noticed that the albumen is increased in the urine during digestion. It seems, in fact, that the albuminous substances are often absorbed by the stomach and pass directly out in the urine. As meat is most quickly digested, and its albumen therefore passes most readily into the urine during digestion, it seems more rational to prescribe a diet chiefly composed of bread-stuffs and fat. It is proper also to avoid too much fluid, as the albumen is generally in proportion to the quantity of urine. Even milk is not good in too large quantities; it should be given moderately, and with bread. A pure milk diet does not stimulate the stomach enough, and there is an insufficient secretion of gastric juice to digest it, hence it should in all cases of adults, be given with some solid.